



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year:

2019

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

MAY 20 2019

BY

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1. Entity ID Number 000159967		2. Exact name of the Corporation Notable Works Publications & Distribution Co. Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island non-profit arts organization dedicated to raising awareness for environmental & society issues through the arts while providing a venue to local musicians/composers & artists	
4. NAICS Code 711310			
6. Principal Office Address 23 Everly St		City Cranston	State RI Zip 02920
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Bina Gehres		Vice-President Name Noreen Inglasi	
Street Address 25 Everly St		Street Address 25 Everly St	
City Cranston	State RI Zip 02920	City Cranston	State RI Zip 02920
Secretary Name Mary Inglasi		Treasurer Name Tina Bernard	
Street Address 23 Everly St		Street Address 720 South Rd	
City Cranston	State RI Zip 02920	City Wakefield	State RI Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Ann Tanzi		Director Name Mary Ann Rossini	
Street Address 120 Argyle St		Street Address 44 Lariston St.	
City Cranston	State RI Zip 02920	City Providence	State RI Zip 02906
Director Name Alison Shea		Director Name Barbara Pavone	
Street Address 1170 Lafayette Rd		Street Address 1674 Plainfield Pike	
City Westerly No. Kingstown	State RI Zip 02852	City Cranston	State RI Zip 02920
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Bina Gehres		Date 5-15-2019	
Signature of Officer/Authorized Representative <i>Bina Gehres</i>		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
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