STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
000144007	Friends of Excellence in Arts Education
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I.	A 501C3 that supports quality arts in education; The Visual arts, music, theater and dance (511390)

5. Principal office address	City	State	Zip
48 SAGLES AVENUE	PAWTUCKET	RI	02860

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Faith Knowles	Donna Jeffrey
Street Address	Street Address
48 Sagles Avenue	39 Bishop Hill Road
City / State / Zip	City / State / Zip
Pawtucket / RI / 02860	Johnston / RI / 02919
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Chris Kane	Scott Beauregard
Street Address	Street Address
521 Washington Street	12 Anna Mac Drive
City / State / Zip	City / State / Zip
Providence / RI / 02903	Cumberland / RI / 02864
Director Name	Director Name
Elizabeth Fasteson	Skip Sequeira
Street Address	Street Address
30 Dexter Avenue	411 Cottage Street
City / State / Zip	City / State / Zip
Seekonk / MA / 02771	Pawtucket / RI / 02860

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED KM
JUN 03 2019
BY 5681

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.

Faith Knowles 6/1/19
Signature of Officer or Authorized Representative Date

Faith Knowles
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014