

**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. 000144007		2. Exact name of the Corporation Friends of Excellence in Arts Education	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island A 501(c)3 that supports quality arts in education; The Visual arts, music, theater and dance (511390)	
5. Principal office address 48 SAGLES AVENUE		City PAWTUCKET	State RI
		Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Faith Knowles		Vice-President Name Donna Jeffery	
Street Address 48 Sables Avenue		Street Address 39 Bishop Hill Road	
City Pawtucket	State RI	City Johnston	State RI
Zip 02860		Zip 02919	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Chris Kane		Director Name Scott Beauregard	
Street Address 521 Washington Street		Street Address 12 Anna Mae Drive	
City Providence	State RI	City Cumberland	State RI
Zip 02903		Zip 02864	
Director Name Elizabeth Fateson		Director Name Skip Sequeira	
Street Address 30 Dexter Avenue		Street Address 411 Cottage Street	
City Seekonk	State MA	City Pawtucket	State RI
Zip 02771		Zip 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****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