RI SOS Filing Number: 201995430780

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

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.

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Date: 6/3/2019 4:00:00 PM

4. Faste ID Novel and	10.5	falor O			,		
1. Entity ID Number 001667292	2. Exact name of the Corporation The Schubert Club						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Teaching students of all ages for the purpose of increasing knowledge and						
4. NAICS Code	understanding of musical skills and technique/						
813920 - Professional Organ							
6. Principal Office Address			City	State	Zip		
Avery Piano Company, Inc 256 Weybosset Street			Providence	RI	02903		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Eleanor B. Calvin			Vice-President Name Sandra Evans				
Street Address 146 Carl Road			Street Address 36 Chessman Street				
City Raynham	State MA	Zip 02767	City Sharon	State MA	Zıp 02067		
Secretary Name Maria Rivera White			Treasurer Name Eleanor B. Calvin				
Street Address 506 Elm Street East			Street Address 146 Carl Road				
^{City} Raynham	State MA	Zip 02767	^{City} Raynham	State MA	^{Zıp} 02767		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Faye Maris			Director Name Carmella Aspri				
Street Address 9 Echo Drive			Street Address 159 Division Street, Apt # 129N				
^{City} Barrington	State RI	Zip 02806	City East Greenwich	State RI	Zip 02818		
Director Name Judith Niles			Director Name				
Street Address 27 Warren Street East			Street Address				
City Raynham	State MA	^{Zip} 02767	City	State	Zip		
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				Date			
Eleanor B. Calvin, President 5/30/2019							
Signature of Officer/Authorized Representative SIGN DUCUMENT HERE \$\[\frac{5}{30} \rightarrow \frac{3}{2019} \]							

Phone: (401) 222-3040 Website: www.sos.ri.gov