



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

FILED

JUN 10 2019
 BY 9593

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.

1. Entity ID Number 29347		2. Exact name of the Corporation St. Dunstan's College of Sacred Music			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Music Activities			
4. NAICS Code 813110 - Religious Organ <input type="checkbox"/>					
6. Principal Office Address 275 North Main Street		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name W. Nicholas Knisely		Vice-President Name Nathan Humphrey			
Street Address 120 Cold Spring Lane		Street Address 61 Poplar Street			
City North Kingstown	State RI	Zip 02852	City Newport	State RI	Zip 02840
Secretary Name Bettine Besier		Treasurer Name John Candon			
Street Address 30 Scotch Cap Road		Street Address 74 Lakewood Drive			
City Quaker Hill	State CT	Zip 06375	City Narragansett	State RI	Zip 02882
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 Dennis Bucco		Director Name Robert Fye			
Street Address 58 Arrow Head Lane		Street Address 603 Paradise Avenue			
City W. Greenwich	State RI	Zip 02817	City Middletown	State RI	Zip 02842
Director Name Toby Field		Director Name			
Street Address 428 Thames Street		Street Address			
City Newport	State RI	Zip 02840	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative John Candon				Date 6/3/19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov