



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.

FILED

JUN 14 2019

QV

1. Entity ID Number 48519		2. Exact name of the Corporation Museum Concerts Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Arts organization presenting 4-5 concerts annually of early music for residents of RI.			
4. NAICS Code 624190 - Other Individual <input type="checkbox"/>					
6. Principal Office Address PO Box 23055		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 L. Frederick Jodry V			Vice-President Name Michael Bahmann		
Street Address 209A Williams St			Street Address 165 Lawton Foster Rd		
City Providence	State RI	Zip 02906	City Hopkinton	State RI	Zip 02833
Secretary Name Stephen B Johns			Treasurer Name Susan K Millis		
Street Address 38 Tilden Av			Street Address 130 Phillips Road		
City Newport	State RI	Zip 02840	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name L Frederick Jodry V			Director Name Susan K Millis		
Street Address 209A Williams St			Street Address 130 Phillips Rd		
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
Director Name Michael Bahmann			Director Name Stephen B Johns		
Street Address 176 Lawton Foster Rd			Street Address 38 Tilden Av		
City Hopkinton	State RI	Zip 02833	City Newport	State RI	Zip 02840
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.					
<small>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Susan K Millis, Treasurer				Date 6/10/19	
Signature of Officer/Authorized Representative <i>Susan K. Millis</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019

Museum Concerts (attachment)

Board of Directors 2019 continued

Mary Sadovnikoff

110 Post Rd

Warwick, RI 02882

Judson Griffin

38 Auburn Rd

Wakefield, RI 02879

Margaret Ziemnicki

38 Auburn Rd

Wakefield, RI 02879