



Department of State - Business Services Division

FILED

Annual Report for the year: 2019
Non-Profit Corporation

JUN 17 2019

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 2235 DS

1. Entity ID Number 66345		2. Exact name of the Corporation OCEAN STATE ARTISANS			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO RAISE THE ARTISTIC CONSCIENCE OF RHODE ISLANDERS THROUGH VARIOUS MEDIUMS			
4. NAICS Code 813910 - Business Assoc <input type="checkbox"/>					
6. Principal Office Address 55 ISLAND DRIVE		City COVENTRY		State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SUSAN KEENAN			Vice-President Name DEBRA RATHBUN		
Street Address 76 HURON STREET			Street Address 12D KRZAK ROAD		
City PROVIDENCE		State RI	Zip 02908	City NORTH KINGSTOWN	
				State RI	Zip 02852
Secretary Name THERESA HAYDT			Treasurer Name PAUL DICARLO		
Street Address 12 BEVERLY ROAD			Street Address 55 ISLAND DRIVE		
City RIVERSIDE		State RI	Zip 02915	City COVENTRY	
				State RI	Zip 02816
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 MARY LARSON			Director Name ELLEN FUCILLE		
Street Address 11 CAROLL AVENUE			Street Address 57 EVERGREEN AVENUE		
City NEWPORT		State RI	Zip 02840	City MIDDLETOWN	
				State RI	Zip 02842
Director Name BETH NEEDHAM			Director Name		
Street Address 33 HARDING AVENUE			Street Address		
City RIVERSIDE		State RI	Zip 02915	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 PAUL DICARLO				Date 6/14/2019	
Signature of Officer/Authorized Representative <i>Paul DiCarlo 6/14/2019</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov