



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

FILED
 JUN 21 2019
 RY 3153

Annual Report for the year: 2018
 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 000093607		2. Exact name of the Corporation The Artists' Cooperative Gallery of Westerly, Inc			
3. State of Incorporation 813319		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE A VENUE FOR THE EDUCATION OF ARTISTS OF ALL LEVELS OF EXPERTISE. TITLE: 7-6			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 14 Railroad Ave,			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ARLENE PIACQUAIDO			Vice-President Name Donna Mazzone		
Street Address 129 WESTERLY BRADFORD ROAD			Street Address 53 John Potter Rd.		
City Westerly	State RI	Zip 02891	City West Greenwich	State RI	Zip 02817
Secretary Name Nancy Gardner			Treasurer Name Ardie Harrison		
Street Address 227 Shore Rd			Street Address 9 Rainbow Ct		
City Westerly	State RI	Zip 02891	City Quaker Hill	State CT	Zip 06378
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 Daniel Marantz			Director Name Mimi Huszer Fagnant		
Street Address 33 Urso Dr			Street Address 595 Davisville Rd		
City Westerly	State RI	Zip 02891	City North Kingstown	State RI	Zip 02852
Director Name Patty Nunes			Director Name		
Street Address 1050 Pequot Tr			Street Address		
City Stonington	State CT	Zip 02678	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 Arlene Piaquadio					Date
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE