



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Non-Profit Corporation

2019 JUN 24 PM 3: 53

- 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 001668183		2. Exact name of the Corporation Traditional Arts Partners	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Identify, document and support traditional artists in RI, the region, nationally, and occasionally internationally; provide educational workshops and conferences, collaborate with similar organizations in the region	
4. NAICS Code 813319 - Other Social Advoca			
6. Principal Office Address 8 Table Rock Rd		City Lincoln	State RI
		Zip 02865	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Winifred Lambrecht		Vice-President Name Lynne Williamson	
Street Address 8 Table Rock Rd.		Street Address c/o CHS 1 Elizabeth St	
City Lincoln	State RI	City Hartford	State CT
Zip 02865		Zip 06105	
Secretary Name LYNNE WILLIAMSON		Treasurer Name	
Street Address 70 CHS ELIZABETH ST		Street Address	
City HARTFORD	State CT	City	State
Zip 06105		Zip	
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 Ellen McHale, NY Folklore Soc.		Director Name LYNNE WILLIAMSON	
Street Address 129 Jay St.		Street Address 70 CHS ELIZABETH ST	
City Schenectady	State NY	City HARTFORD	State CT
Zip 12305		Zip 06105	
Director Name Laura Marcus Green c/o McKissick Museum		Director Name	
Street Address 816 Bull St.		Street Address	
City Columbia SC 29208	State SC	City	State
Zip 29208		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 Winifred Lambrecht			Date June 19 2019
Signature of Officer/Authorized Representative 			

FILED

JUN 24 2019

BY