



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

Annual Report for the year:
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 26 2019

1. Entity ID Number 000083847		2. Exact name of the Corporation DEBLOIS GALLERY CORP		BY 1035 DS	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EXHIBITING LOCAL ARTISTS HOSTING NON PROFITS			
4. NAICS Code 812990					
6. Principal Office Address 134 AQUIDNECK AV		City MIDDLETOWN R	State RI	Zip 02842	
7. List ALL officers (names and addresses)					
President Name SHAWN DAVID BERRY			Vice-President Name LISA TOBIN		
Street Address 18 PARK HOLM			Street Address 151 SUMNER DR		
City NEWPORT	State RI	Zip 02840	City MIDDLETOWN	State RI	Zip 02842
Secretary Name MARION WILNER			Treasurer Name RONALD CAPLAIN		
Street Address MARION ST			Street Address 295 ALBANY ST		
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					
Director Name VALERIE DECAINE			Director Name KAREN NASH		
Street Address 11 CHERRY CREEK RD			Street Address 104 JOWN ST		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name VALORIE SIKKIAN			Director Name JR LYNCH		
Street Address 155 RHODE ISLAND AV			Street Address 96 PROSPECT FARM RD		
City NEWPORT	State RI	Zip 02840	City DARTMOUTH	State RI	Zip 02871
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative RONALD CAPLAIN				Date 6/19/19	
Signature of Officer/Authorized Representative Ronald Caplain					

MAIL TO:
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