



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JUL -8 PM 1:05

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.

1. Entity ID Number 000115574		2. Exact name of the Corporation The Art League of Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To encourage and foster artistic growth with a primary focus on the arts and artists of Rhode Island in addition to national exposure in the art world			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address One Avenue of the Arts			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Ruth Clegg			Vice-President Name Edmund Ferszt, 1st VP		
Street Address 626 Ives Road			Street Address 1669 South Road		
City East Greenwich	State RI	Zip 02818	City Kingston	State RI	Zip 02861
Secretary Name Julla Samuels			Treasurer Name Keith Prue		
Street Address 10 Ringgold Street, #1			Street Address P.O. Box 114117		
City Providence	State RI	Zip 02903	City No. Providence	State RI	Zip 02903
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 Rachel Brask Hutchinson			Director Name Jennifer Ferry		
Street Address 370 Pleasant Street			Street Address 152 Seaview Avenue		
City East Providence	State RI	Zip 02916	City Wakefield	State RI	Zip 02879
Director Name Kenneth Steinkamp			Director Name		
Street Address 32 Friendship St., Apt. 1			Street Address		
City Westerly	State RI	Zip 02891	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 Ruth Clegg					Date 6/28/19
Signature of Officer/Authorized Representative <i>Ruth A. Clegg</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

JUL 8 2019
 BY *[Signature]* 2226

***The Art League of Rhode Island
Entity No. 000115574
Additional Officers***

Exhibit A

**Martha Dean, 2nd Vice President
70 Byron Avenue
Rumford, Rhode Island 02916**