

Amended no fee

State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionAnnual Report for the year:  
Non-Profit Corporation

2019

→ 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 000040054		2. Exact name of the Corporation VSA arts of Rhode Island	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to provide opportunities in the arts for people with disabilities	
4. NAICS Code 813319			
6. Principal Office Address 500 Prospect St		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Dr Rosemary Burns		Vice-President Name Karen Elias Clavet	
Street Address c/o VSA arts, 500 Prospect St		Street Address 84 Old River Road	
City Pawt	State RI	City Lincoln	State RI
Zip 02860		Zip 02865	
Secretary Name Kim Ash		Treasurer Name	
Street Address 25 Pearson Ave		Street Address	
City Pawt	State RI	City	State
Zip 02860		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Dr Rosemary Burns		Director Name Karen Elias Clavet	
Street Address c/o VSA arts RI, 500 Prospect St		Street Address 84 Old River Road	
City Pawt	State RI	City Lincoln	State RI
Zip 02860		Zip 02865	
Director Name Kim Ash		Director Name	
Street Address 25 Pearson Ave		Street Address	
City Pawt	State RI	City	State
Zip 02860		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.			
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 Jeannine L Chartier		Date 9/25/2019	
Signature of Officer/Authorized Representative <i>[Signature]</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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

September 25, 2019 03:27 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

