

Amended no fee



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

Annual 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) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02860	City Lincoln	State RI	Zip 02865
Secretary Name Kim Ash			Treasurer Name		
Street Address 25 Pearson Ave			Street Address		
City Pawt	State RI	Zip 02860	City	State	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 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	Zip 02860	City Lincoln	State RI	Zip 02865
Director Name Kim Ash			Director Name		
Street Address 25 Pearson Ave			Street Address		
City Pawt	State RI	Zip 02860	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 Jeannine L Chartier				Date 9/25/2019	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

FILED

SEP 25 2019

AA-3.27PM

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