



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 001658833

**2. Name of Corporation** The Collaborative

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
453920

**4. Corporate Address in Rhode Island**

No. and Street: 498 MAIN STREET  
City or Town: WARREN State: RI Zip: 02885 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

THE ORGANIZATION IS EXCLUSIVELY ORGANIZED AS A NONPROFIT GROUP UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, TO PROVIDE AN ENVIRONMENT FOR LOCAL ARTISTS THAT SUPPORTS, PROMOTES AND ENCOURAGES CREATIVITY AND INSPIRATION BY FACILITATING INCREASED EXPOSURE AND OPPORTUNITIES THROUGH WORK SPACE, EXHIBITION, AND WEB PRESENCE.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	SIERRA BARTER TERRY	132 ROGERS AVE BARRINGTON, RI 02806 USA
TREASURER	SALLY TURNER	8 HANCOCK ROAD BARRINGTON, RI 02806 USA
VICE PRESIDENT	LAUREN P LAKE	25 BOURNE ST. BRISTOL, RI 02809 USA
DIRECTOR	ADAM ROBERTSON	27 HOLBURN AVE CRANSTON, RI 02910 USA
DIRECTOR	LAUREN P LAKE	132 ROGERS AVE BRISTOL, RI 02809 USA
DIRECTOR	TAMARA C KAPLAN	68 KING ST WARREN, RI 02885 USA
DIRECTOR	SALLY TURNER	8 HANCOCK RD BARRINGTON, RI 02806 USA
DIRECTOR	SIERRA BARTER TERRY	132 ROGERS AVE BARRINGTON, RI 02806 USA
DIRECTOR	ADAM ROBERTSON	27 HOLBURN AVE CRANSTON, RI 02910 USA
DIRECTOR	URIAH DONNELLY	97 CHILD ST WARREN, RI 02885 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

URIAH DONNELLY 97 CHILD ST WARREN , RI 02885

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 21 Day of May, 2020 at 10:45:58 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By URIAH DONNELLY  
Signature of Authorized Person

