

Annual Report for the year: **2020**
 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 03 2020

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STAMP

1. Entity ID Number 26584		2. Exact name of the Corporation Anyart: Contemporary Arts Center	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To further the creative arts	
4. NAICS Code 711510 – Independent Artist			
6. Principal Office Address 71 Elmgrove Ave.		City Providence	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Keith Waldrop		Vice-President Name Rosmarie Waldrop	
Street Address 71 Elmgrove Ave.		Street Address 71 Elmgrove Ave.	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name Alison Bundy		Treasurer Name Gale Nelson	
Street Address 5 Carver St.		Street Address 146 Raleigh Ave.	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
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 Denny Moers		Director Name Irene Jordan	
Street Address 38 Viola St.		Street Address 141 Allen Ave.	
City Riverside	State RI	City Riverside	State RI
Zip 02915		Zip 02915	
Director Name Sam Daoud		Director Name	
Street Address 5 Carver St.		Street Address	
City Pawtucket	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.			
<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 Rosmarie Waldrop			Date
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			