RI SOS Filing Number: 202042084590 Date: 6/11/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

- Dr. RECE.

Annual Report for the year: Non-Profit Corporation	2020	2020 N.I. DEPT. OF STATE 2020 UNITED 2020 UNITED	IF STATE			
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if t	form is not filed t	by July 30.		2020 JUN 12 A	M 9: 10	
1. Entity ID Number 000028812		of the Corporation	eum of Art & Cul	ture		
State of Incorporation RI	•	ption of the charact	exer of business conducted in R	thode Island	•	
4. NAICS Code 7 12 110				·	••	
6. Principal Office Address			City	State	Zip	
1058 Kingstown Road, #5			Peace Date	RI	02879	
7. List ALL officers (names and add	Jresses)			Check the box to indi	icate an attachment	
President Name Lisa Fiore			Vice-President Name Mary	Brown	<u></u>	
Street Address 74 Kettle Pond Drive			Street Address 568 Post Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879	
Secretary Name Linda Hennessey	у	<u> </u>	Treasurer Name	<u> </u>		
Street Address 17 Eagle Nest Ten			Street Address			
City Peace Dale	State RI	^{Zip} 02879	City	State	Zip	
8. List ALL directors (names and add	dresses). RI Cor	rporations MUST I	ist at least THREE directors.	Check the box to indi	cate an attachment 🛂	
Director Name Sarah Turnbaugh		* .	Director Name Karen Ellsworth			
Street Address 17 Normandy Road			Street Address 180 Matunuck Schoolhouse Road			
	State RI	^{Zip} 02879	City Wakefield	State RI	^{Z)p} 02879	
Director Name Margaret Leeson			Director Name Timothy Philbrick			
Street Address 259A Ministerial Ro	load		Street Address 6814 Main Street			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879	

City Wakefield ^{Zip} 02879 City Wakefield 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

BA

Lisa Fiore

Signature of Officer/Authorized/Representative

UNE_1,2020

Date

MAIL TO

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORE1 631 - Revised: 61/2016

Director Name Louise Weaver Street Address 38 Leeward Lane			ok _			
State RI	^{Zip} 02879		State Ri	Zip 02879		
Director Name		Director Name				
Street Address			Street Address			
State	Zip	City	State	Zip		
	aver rd Lane State RI	aver rd Lane State RI Zip 02879	Director Name Betsy Coc rd Lane Street Address 62 Starlight City Wakefield Director Name Street Address	Director Name Betsy Cook Street Address 62 Starlight Drive State RI Zip 02879 City Wakefield Director Name Street Address		

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