



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

Annual Report for the year: 2019  
 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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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1. Entity ID Number 000029144		2. Exact name of the Corporation THE RHODE ISLAND ART EDUCATION ASSOCIATION (RIA EA)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROVIDE PROFESSIONAL DEVELOPMENT, LEADERSHIP, AND SERVICE, ADVANCING THE QUALITY OF ART EDUCATION IN RI.			
4. NAICS Code 813920					
6. Principal Office Address PO BOX 2122			City PROVIDENCE	State RI	Zip 02905
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MICHELE TURNER			Vice-President Name SUSAN KOLEND A		
Street Address 130 BEAR HILL ROAD NO. 205			Street Address 80 UXBRIDGE STREET		
City CUMOCKLAND	State RI	Zip 02864	City CRANSTON	State RI	Zip 02920
Secretary Name KAYLEIGH SMITH			Treasurer Name LEE ANN ADAMS		
Street Address 149 SOUTH BEND STREET			Street Address 37 KNEELAND STREET		
City PAWTUCKET	State RI	Zip 02860	City CRANSTON	State RI	Zip 02905
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 KRISTEN M. HEYMAN			Director Name JEAN CARMODY		
Street Address 58 COLE AVENUE			Street Address 40 MEGHAN LANE		
City PROVIDENCE	State RI	Zip 02906	City N. KINGSTOWN	State RI	Zip 02852
Director Name BARRY MORANG			Director Name		
Street Address 12 ELGIN STREET			Street Address		
City PROVIDENCE	State RI	Zip 02906	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.					
<b>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.</b>					
<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 Michelle D. Turner					Date 7-28-20
Signature of Officer/Authorized Representative 					

**FILED**

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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