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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation
001688519	**Friends of the Pawtucket Arts Festival**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Arts Advocacy, Arts Education and Arts Exhibition**
4. NAICS Code: **813319 - Other Social Advocac**	

6. Principal Office Address	City	State	Zip
137 Roosevelt Ave	**Pawtucket**	**RI**	**02860**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Susan Mara**			Vice-President Name: **Jan Brodie**		
Street Address: **11 Mill Road**			Street Address: **PO Box 515 200 Main St. Suite 200**		
City: **Foster**	State: **RI**	Zip: **02825**	City: **Pawtucket**	State: **RI**	Zip: **02862**
Secretary Name: **Anthony Ambrosino**			Treasurer Name: **Anthony Hebert**		
Street Address: **650 East Greenwich Ave Unit 5-310**			Street Address: **11 Webster St**		
City: **West Warwick**	State: **RI**	Zip: **02893**	City: **Taunton**	State: **MA**	Zip: **02780**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: **Susan Mara**			Director Name: **Jan Brodie**		
Street Address: **11 Mill Road**			Street Address: **PO Box 515 200 Main St. Suite 200**		
City: **Foster**	State: **RI**	Zip: **02825**	City: **Pawtucket**	State: **RI**	Zip: **02862**
Director Name: **Anthony Ambrosino**			Director Name: **Anthony Hebert**		
Street Address: **650 East Greenwich Ave Unit 5-310**			Street Address: **11 Webster St**		
City: **West Warwick**	State: **RI**	Zip: **02893**	City: **Taunton**	State: **MA**	Zip: **02780**

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	Date
Anthony Ambrosino	

Signature of Officer/Authorized Representative: Anthony Ambrosino

FILING DOCUMENT FEE

FILED
FEB 24 2021

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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FORM 631 - Revised: 06/2017