



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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BUS SVCS DIV

2021 FEB 24 PM 2:41

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001688519		2. Exact name of the Corporation 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 137 Roosevelt Ave			City Pawtucket	State RI	Zip 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.					
<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 Anthony Ambrosino					Date
Signature of Officer/Authorized Representative <i>Anthony Ambrosino</i>					FILED

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