



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
 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

2021 APR 29 A 11:01

STAMP

1. Entity ID Number 000081489		2. Exact name of the Corporation What Cheer Art Company			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The What Cheer Art Company is a non-profit corporation organized to produce and promote the works of Rhode Island artists.			
4. NAICS Code 813219 - Other Grantmaking <input type="checkbox"/>					
6. Principal Office Address P.O. Box 23011		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Avi David		Vice-President Name Megan Elias			
Street Address 27 Hammond st		Street Address 93 Colonial Ave			
City Providence	State RI	Zip 02909	City Cranston	State RI	Zip 02910
Secretary Name Mark Sawtelle		Treasurer Name Michael Spremulli			
Street Address 57 Cathedral Ave		Street Address 158 Arnold Ave			
City Providence	State RI	Zip 02908	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 Jenn Harris		Director Name Avi David			
Street Address 35 Fairview Ave		Street Address 27 hammond st			
City Warren	State RI	Zip 02885	City Providence	State RI	Zip 02909
Director Name Michael Spremulli		Director Name Megan Elias			
Street Address 158 Arnold Ave		Street Address 93 Colonial Ave			
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02910
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Michael Spremulli				Date 4/28/2021	
Signature of Officer/Authorized Representative 					

FILED

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