



State of Rhode Island
Department of State - Business Services Division

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.

FILED
 MAY 21 2021
 BY *[Signature]*

1. Entity ID Number 000791440		2. Exact name of the Corporation Lovecraft Arts and Sciences Council, inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Serves as a networking center for scholars, authors, and fans exploring the local and literary world of author H.P. Lovecraft and associated authors and artists.			
4. NAICS Code 813990 - Other Similar Organiza					
6. Principal Office Address 21 Burrows St.			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Niels-Viggo S Hobbs			Vice-President Name Carmen Marusich		
Street Address 21 Burrows St.			Street Address 31 Linden St.		
City Providence	State RI	Zip 02907	City Brookline	State MA	Zip 02445
Secretary Name Allison Rich			Treasurer Name Allison Rich		
Street Address 155 Yawgoo Valley Road			Street Address 155 Yagoo Valley Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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 Niels-Viggo S Hobbs			Director Name Mitchell McArtor		
Street Address 21 Burrows St.			Street Address 59 S. Atlantic Avenue		
City Providence	State RI	Zip 02907	City Warwick	State RI	Zip 02888
Director Name Brian Mullen III			Director Name		
Street Address 104 Victor Ave.			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Niels Hobbs					Date 17 May 2021
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
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