



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000315837

2. Name of Corporation Arts Are Essential, Inc.

3. State of Incorporation

State: MA

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 144 SCHOOL ST.
City or Town: ACTON State: MA Zip: 01720 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: PO BOX 2797, 144 SCHOOL ST.
PO BOX 2797
City or Town: ACTON State: MA Zip: 01720 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO COLLABORATE WITH EDUCATORS AND ARTISTS TO BRING ART EXPERIENCES TO STUDENTS THAT ENRICH AND EDUCATE

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JEAN BUTLER	144 SCHOOL ST. ACTON, MA 01720 USA
TREASURER	ROSIE LATTO	4 MOHEGAN RD ACTON, MA 01720 USA
CLERK	NEAL R. BUTLER	144 SCHOOL ST. ACTON, MA 01720 USA
DIRECTOR	DEBRA SOLOMON	3 NADINE RD. ACTON, MA 01720 USA
DIRECTOR	RANJINI REDDY	2 HOSMER ST. ACTON, MA 01720 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 15 Day of June, 2021 at 12:58:05 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JEAN BUTLER
Signature of Authorized Person

Form No. 631
Revised 09/07