RI SOS Filing Number: 202198767680 Date: 6/28/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation
000789626	Art Night Bristol Warren
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Art Night Bristol Warren is operated exclusively for educational purposes within Sec.501(c) 3 of the Internal Revenue Code of 1986 as amended, or to any corresponding provision of any future federal tax law, as follows: to encourage the collaboration of the arts in Bristol & Warren.
4. NAICS Code: 813990 - Other Similar Organ	

6. Principal Office Address	City	State	Zip
24 Beach Rd.	Bristol	RI	02809

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

President Name: Susan Rotblat-Walker			Vice-President Name: Darby Pontes		
Street Address: 24 Beach Rd.			Street Address: 3 Bayview Ave.		
City: Bristol	State: RI	Zip: 02809	City: Warren	State: RI	Zip: 02885
Secretary Name: Toni Cardoza			Treasurer Name: Michael DeAngelis		
Street Address: 2 Church St. Apt 4			Street Address: 14 Manning Dr.		
City: Warren	State: RI	Zip: 02885	City: Barrington	State: RI	Zip: 02806

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

Director Name: Elwood Donnelly			Director Name: Darby Pontes		
Street Address: 20 Campbell St.			Street Address: 3 Bayview Ave.		
City: Warren	State: RI	Zip: 02885	City: Warren	State: Ri	Zip: 02809
Director Name: Geraldine Purcell			Director Name:		
Street Address: Main St.			Street Address:		
City: Warren	State: RI	Zip: 02885	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.

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
Susan Rotblat-Walker	June 22, 2021

Signature of Officer/Authorized Representative: Susan Rotblat-Walker FILED 6/25/21

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 28 2021
BY

FORM 631 - Revised: 08/2020