



State of Rhode Island

Department of State - Business Services Division

JUL 02 2021

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.

BY M 6634

1. Entity ID Number <u>000107502</u>		2. Exact name of the Corporation <u>The Prism Foundation</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Grants to artists in Newport County for innovative and collaborative arts projects</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>181 Bellevue Ave #238</u>		City <u>Newport</u>	State <u>RI</u>
		Zip <u>02840</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Joya Granberg Hoyt</u>		Vice-President Name <u>Brian Sullivan</u>	
Street Address <u>181 Bellevue Ave #238</u>		Street Address <u>#504 76 Broadway</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02840</u>	
Secretary Name <u>Laura Coggeshall</u>		Treasurer Name <u>Pamela Granberg</u>	
Street Address <u>c/o Hoyt 181 Bellevue Ave 238</u>		Street Address <u>181 Bellevue Ave #239</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02840</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Pamela Granberg</u>		Director Name <u>Brian Sullivan</u>	
Street Address <u>181 Bellevue Ave #239</u>		Street Address <u>76 Broadway #504</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Newport</u>	State <u>P.I.</u>
Zip <u>02840</u>		Zip <u>02840</u>	
Director Name <u>Laura Coggeshall</u>		Director Name <u></u>	
Street Address <u>c/o Hoyt 181 Bellevue Ave 238</u>		Street Address <u></u>	
City <u>Newport</u>	State <u>RI</u>	City <u></u>	State <u></u>
Zip <u>02840</u>		Zip <u></u>	
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 <u>Joya Granberg Hoyt</u>			Date <u>6/29/21</u>
Signature of Officer/Authorized Representative <u>Joya Granberg Hoyt</u>			