



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.

FILE

JUL 02 2021

PV-8 2293

1. Entity ID Number 000066345		2. Exact name of the Corporation Ocean State Artisans			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To raise the Artistic Conscience of Rhode Islanders through various mediums			
4. NAICS Code 813910 - Business Association <input type="checkbox"/>					
6. Principal Office Address 55 Island Drive		City Coventry		State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elizabeth Gigure			Vice-President Name Mary Beth Dugan		
Street Address 12 Westview Road			Street Address 49 McCormick Road		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
Secretary Name Thersa Haydt			Treasurer Name Paul DiCarlo		
Street Address 102 Beverly Road			Street Address 55 Island Drive		
City Riverside	State RI	Zip 02915	City Coventry	State RI	Zip 02816
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 Mary Larson			Director Name Ellen Fucille		
Street Address 11 Carol Avenue			Street Address 57 Evergreen Avenue		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Director Name Ronald Schmitz			Director Name		
Street Address 60 Eldridge Street			Street Address		
City Cranston	State RI	Zip 02910	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 Paul DiCarlo				Date 6/27/2021	
Signature of Officer/Authorized Representative 					

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

FORM 631 - Revised: 08/2020