



**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

**Non-Profit Corporation  
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.** 000045802

**2. Name of Corporation** SOUTH COUNTY CENTER FOR THE ARTS

**3. State of Incorporation**

State: RI

**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: 3481 KINGSTOWN ROAD  
PO BOX 186

City or Town: WEST KINGSTON

State: RI

Zip: 02892

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 3501 KINGSTOWN RD

City or Town: WEST KINGSTON

State: RI

Zip: 02892

Country:

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

COMMUNITY ARTS CENTER

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|-------------------------------------------------------|-------------------------------------------------------------------|
| SECRETARY      | KAREN JENKINS                                         | 27 PLANTATION DRIVE<br>EXETER, RI 02874 USA                       |
| PRESIDENT      | JOSEPH MIRRA                                          | 11 TIVOLI CT<br>WARWICK, RI 02892 USA                             |
| VICE PRESIDENT | JACK BULLOCK SR                                       | 56 LAWNDALDE DR<br>WARWICK, RI 02818 USA                          |
| TREASURER      | CAROL VIERRA MORRIS                                   | 10 HELM ST<br>JAMESTOWN, RI 02835 USA                             |
| DIRECTOR       | TERRY SELLE                                           | 10 HELM ST<br>JAMESTOWN, RI 02835 USA                             |
| DIRECTOR       | ELIZABETH MARQUIS                                     | 14 CROWFIELD DR<br>WARWICK, RI 02888 USA                          |
| DIRECTOR       | STEVE LOPEZ                                           | 3 S<br>WESTERLY , RI 02835 USA                                    |
| DIRECTOR       | MARIANN ALMONTE                                       | 3501 KINGSTOWN RD<br>WEST KINGSTON, RI 02892 USA                  |
| DIRECTOR       | VINCENT CARLONE                                       | 10 BEACH AVENUE<br>NEW SHOREHAM, RI 02807 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**

MARIANN ALMONTE 3481 KINGSTOWN ROAD P.O. BOX 186 WEST KINGSTON , RI 02892

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

**Signed this 23 Day of August, 2021 at 4:50:04 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 MARIANN ALMONTE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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