



State of Rhode Island

Department of State - Business Services Division

**FILED**

Annual Report for the year: 2021  
 Non-Profit Corporation

APR 19 2021

- Filing period: June 1 - June 30
- Filing Fee: \$20 00
- Penalty: Additional \$25 00 fee if form is not filed by July 30

BY [Signature]

1 Entry ID Number <u>1716184</u>		2 Exact name of the Corporation <b>Rhode Island Weaving Center</b>			
3 State of Incorporation Rhode Island		5 Brief description of the character of business conducted in Rhode Island Educational center for the purpose of teaching Handweaving and other fiber arts			
4 NAICS Code <u>611710</u>					
6 Principal Office Address 900 East Shore Road		City Jamestown	State RI	Zip 02835	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Carolyn Goodrich			Vice-President Name Norma Smayda		
Street Address 900 East Shore Road			Street Address P.O. Box 117		
City Jamestown	State RI	Zip 02835	City Saunderstown	State RI	Zip 02874
Secretary Name Cathy English			Treasurer Name Judy Schaefer		
Street Address 14 Liisa Drive			Street Address P.O. Box 545		
City Charlestown	State RI	Zip 02813	City Newport	State RI	Zip 02840
8 List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Carolyn Goodrich			Director Name Norma Smayday		
Street Address 900 East Shore Road			Street Address P.O. Box 117		
City Jamestown	State RI	Zip 02835	City Saunderstown	State RI	Zip 02874
Director Name Cathy English			Director Name Judy Shaefer		
Street Address 14 Liisa Drive			Street Address P.O. Box 545		
City Charlestown	State RI	Zip 02813	City Newport	State RI	Zip 02840
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641					
<i>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.</i>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Carolyn Goodrich				Date 4/7/21	
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:  
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 Website: www.sos.n.gov