



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2022

JUL 28 2022

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→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

211-

1. Entity ID Number 001716184		2. Exact name of the Corporation Rhode Island Weaving Center	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island education	
4. NAICS Code 611519			
6. Principal Office Address 344 MAIN ST. Suite 200		City Wakefield	State RI Zip 02879
7. List ALL officers (names and addresses) <input type="checkbox"/> indicate an attachment			
President Name CAROLYN GOODRICH		Vice-President Name	
Street Address 900 EAST SHORE RD.		Street Address	
City JAMESTOWN	State RI	Zip 02835	City Zip
Secretary Name CATHY ENGLISH		Treasurer Name ANN RUDMAN	
Street Address 14 LISA DRIVE		Street Address 10 HOLMESTAD CT.	
City CHARLESTOWN	State RI	Zip 02813	City JAMESTOWN State RI Zip 02835
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name CAROLYN GOODRICH		Director Name ANN RUDMAN	
Street Address 900 EAST SHORE RD.		Street Address 10 HOLMESTAD CT.	
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN State RI Zip 02835
Director Name CATHY ENGLISH		Director Name SARA SAULSON	
Street Address 14 LISA DRIVE		Street Address 40 WRISTON DR.	
City CHARLESTOWN	State RI	Zip 02813	City PROVIDENCE State RI Zip 02906
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 CAROLYN GOODRICH			Date 7/25/22
Signature of Officer/Authorized Representative Cf Goodrich			