



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

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

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov