



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number <b>001731047</b>		2. Exact name of the Corporation <b>Artist Communities Alliance</b>		2022 DEC -5 P 12:02	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>SUPPORTING THE PEOPLE WHO WORK IN THE ARTIST RESIDENCY FIELD BY: CREATING AND MAINTAINING A NATIONAL AND INTERNATIONAL NETWORK OF ARTIST RESIDENCY PROGRAMS</b>			
4. NAICS Code <b>711510</b>					
6. Principal Office Address <b>53 BROAD ST, STE 23212</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Sanjit Sethi</b>			Vice-President Name <b>Elizabeth Chodos</b>		
Street Address <b>2501 Stevens ave</b>			Street Address <b>6231 Wellesley Ave</b>		
City <b>Minneapolis</b>	State <b>MN</b>	Zip <b>55404</b>	City <b>Pittsburgh</b>	State <b>PA</b>	Zip <b>15206</b>
Secretary Name <b>Kibra A. Yohannes</b>			Treasurer Name <b>Tamara Ross</b>		
Street Address <b>849 Lafayette Ave</b>			Street Address <b>302-1860 West 6th Ave</b>		
City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11221</b>	City <b>Vancouver</b>	State <b>BC</b>	Zip <b>V6J1R6</b>
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 <b>Esther Park</b>			Director Name <b>Melissa Franklin</b>		
Street Address <b>186 NW 107 ST</b>			Street Address <b>620 W. Johnson St</b>		
City <b>Miami Shores</b>	State <b>FL</b>	Zip <b>33168</b>	City <b>Philadelphia</b>	State <b>PA</b>	Zip <b>19144</b>
Director Name <b>Jeffrey Jackson Scott</b>			Director Name		
Street Address <b>10701 Moorpark St #4</b>			Street Address		
City <b>Toluca Lake</b>	State <b>CA</b>	Zip <b>91602</b>	City	State	Zip
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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Tamara Ross</b>				Date <b>11/09/2022</b>	
Signature of Officer/Authorized Representative <i>T Ross</i>					

FILED

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

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BY MB R602