



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00


→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001687206		2. Exact name of the Corporation The Morin Center for the Performing Arts			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Space for educating in the performing arts.			
4. NAICS Code 611610					
6. Principal Office Address 181 Richardson Rd		City Coventry		State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Morin		Vice-President Name none			
Street Address 721 Orchid Grove Blvd		Street Address			
City Davenport	State FL	Zip 33837	City	State	Zip
Secretary Name none		Treasurer Name none			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul Morin		Director Name Matthew Sunday			
Street Address 721 Orchid Grove Blvd		Street Address 310 Robinson Ave			
City Davenport	State FL	Zip 33837	City Attleboro	State MA	Zip 02703
Director Name Staci Morin		Director Name none			
Street Address 721 Orchid Grove Blvd		Street Address			
City Davenport	State FL	Zip 33837	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<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 Paul Morin				Date 2/1/23	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED	

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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FORM 631 - Revised: 05/2017