



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 000083847

**2. Name of Corporation** DE BLOIS GALLERY CORPORATION

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

812990

**4. Principal Office Address**

No. and Street: 134 AQUIDNECK AVENUE

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO PROMOTE THE ART WORK OF THE ASSOCIATION MEMBERS ALSO THE WORK OF LOCAL AND REGIONAL ARTISTS WORKING AS PAINTERS.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	SHAWNDAVID BERRY	77 HILLSIDE NEWPORT, RI 02840 USA
TREASURER	J R LYNCH	96 PROSPECT FARM RD. PORTSMOUTH, RI 02871 USA
DIRECTOR	LISA MAY TOBIN	151 BUSHER DR. MIDDLETOWN, RI 02842 USA
DIRECTOR	KAREN NASH	104 JOHN ST. NEWPORT, RI 02840 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LISA TOBIN 134 AQUIDNECK AVENUE MIDDLETOWN , RI 02842

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 16 Day of March, 2023 at 12:17:11 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By J R LYNCH  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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