



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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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BUS SVCS DIV

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1. Entity ID Number 00166183		2. Exact name of the Corporation TRADITIONAL ARTS PARTNERS			
3. State of Incorporation Ri		5. Brief description of the character of business conducted in Rhode Island A non-profit educational organization specializing in traditional arts			
4. NAICS Code 813319					
6. Principal Office Address 8 TABLE ROCK RD.		City LINCOLN	State Ri	Zip 02865	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WINIFRED LAMBRECHT			Vice-President Name LYNNE WILLIAMSON		
Street Address 8 TABLE ROCK RD			Street Address CT. HISTORIC COMMISSION, ELIZABETH LANE		
City LINCOLN	State Ri	Zip 02865	City HARTFORD	State CT	Zip 06105
Secretary Name ELLEN MCHALE			Treasurer Name		
Street Address NY FOLKLORE SOCIETY			Street Address		
City SCHENECTADY	State NY	Zip 12305	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 WINIFRED LAMBRECHT			Director Name LYNNE WILLIAMSON		
Street Address 8 TABLE ROCK RD			Street Address % CT. HISTORIC COMMISSION, 1 ELIZABETH LANE		
City LINCOLN	State Ri	Zip 02865	City HARTFORD	State CT	Zip 06105
Director Name LAURA MARCUS-GREEN			Director Name ELLEN MCHALE		
Street Address % SCAC 1026 SUMMER ST.			Street Address % NY FOLKLORE SOCIETY		
City COLUMBIA	State SC	Zip 29201	City SCHENECTADY	State NY	Zip 12305
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative WINIFRED LAMBRECHT				Date April 20 '23	
Signature of Officer/Authorized Representative 					

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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