	State of Rhode		Fee: \$20.00	
	Office of the Secreta	-		
	Division Of Busines 148 W. River S			
	Providence RI 029			
7636	(401) 222-30	040		
Non-Profit Corporation Annual Report Filing Period: February 1 - Ma	ay 1			
	-6-94, each corporation failing prescribed by law (R.I.G.L. 7-6			
ANNUAL REPORT YEAR - E	NTER THE <u>CURRENT</u> FILING Y	YEAR <b>2023</b> : <u>2023</u>		
1. Corporate ID No. 000	109340			
2. Name of Corporation The Foundry Artists Association, Inc.				
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
primary type of activity in wh populate a NAICS Code base	NAICS Code below, select the nich your entity engages. The ed on the chosen selection. If assistance with selecting a cla	box to the right of the drop the NAICS Code is known,	down will	
NAICS Code				
<u>453920</u>				
4. Principal Office Address				
	BOX 8773	<b>T</b> : 02020 C		
City or Town: <u>CRA</u>	<u>NSTON</u> State: <u>RI</u>	Zip: <u>02920</u> Coun	try: <u>USA</u>	
5. Brief Description of the C	Character of the Affairs Condu	ucted in Rhode Island		
TO CREATE A UNIFIED	PROFESSIONAL VENUE W	VHERE FREELANCE AF	RTISTS CAN	
EXHIBIT AND MARKET	THEIR WORK TO THE P	UBLIC.		
6. Names and Addresses of	f 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		
			1	

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	DOUG HOCKMAN	PO BOX 8773 CRANSTON, RI 02920 USA	
TREASURER	MARTIN BIERER	PO BOX 8773 CRANSTON, RI 02920 USA	
SECRETARY	DONNA ANDREWS-MANESS	PO BOX 8773 CRANSTON, RI 02920 USA	
DIRECTOR	GREG STRANGE	P.O.BOX 8773 CRANSTON, RI 02920 USA	
DIRECTOR	AMY KELLER	PO BOX 8773 CRANSTON, RI 02920 USA	
DIRECTOR	STEPHANIE MASON	PO BOX 8773 CRANSTONE, RI 06074 USA	
DIRECTOR	HILAL MINDA	PO BOX 8773 CRANSTONE, RI 02920 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

MARTIN BIERER 719 HOPE STREET, 3B PROVIDENCE , RI 02906

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

**Signed this 30 Day of June, 2023 at 3:16:58 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 DOUG HOCKMAN

Signature of Authorized Person

Form No. 631 Revised 09/07

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