



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 - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No. 001716184

2. Name of Corporation Rhode Island Weaving Center

3. State of Incorporation

State: RI

NAICS CODE

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

611519

4. Principal Office Address

No. and Street: 344 MAIN STREET
SUITE 200

City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA

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

SECTION 501C3 OF THE INTERNAL REVENUE CODE AND SHALL OPERATE EXCLUSIVELY FOR EDUCATIONAL PURPOSES OF TEACHING WEAVING TECHNIQUES AND SKILLS WHILE PROVIDING LOOMS EQUIPMENT AND A LIBRARY FOR THE STUDENTS

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR/TREASURER	ANN RUDMAN	10 HOLMESTED CT JAMESTOWN, RI 02835 USA
PRESIDENT/DIRECTOR	CAROLYN GOODRICH	900 EAST SHORE ROAD JAMESTOWN,, RI 02835 USA
SECRETARY/DIRECTOR	CATHY ENGLISH	14 LISA DRIVE CHARLESTOWN, RI 02813 USA
DIRECTOR	ELIZABETH HILL	90 ALLEN AVE WAKEFIELD, RI 02879 USA
DIRECTOR	SARA SAULSON	40 WRISTON DR. PROVIDENCE, RI 02906 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

CAROLYN GOODRICH 900 EAST SHORE ROAD JAMESTOWN , RI 02835

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

Signed this 1 Day of July, 2023 at 2:44:09 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 CAROLYN GOODRICH
Signature of Authorized Person

Form No. 631
Revised 09/07

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