



State of Rhode Island  
Department of State - Business Services Division

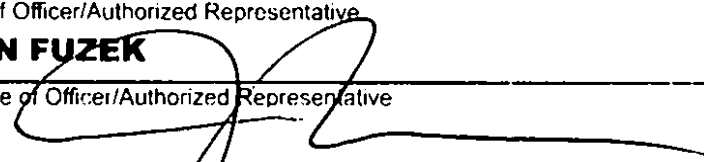
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Annual Report for the year: 2023

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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1127  
PS

1. Entity ID Number <b>000551305</b>		2. Exact name of the Corporation <b>Hear In Rhode Island</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To produce and promote music events. Mainly the Rhode Island Folk Festival.</b>	
4. NAICS Code <b>813319</b>			
6. Principal Office Address <b>26 BALDWIN DRIVE</b>		City <b>GREENVILLE</b>	State <b>RI</b>
		Zip <b>02828</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>JOHN FUZEK</b>		Vice-President Name <b>DIANNE W. FUZEK</b>	
Street Address <b>26 BALDWIN DRIVE</b>		Street Address <b>26 BALDWIN DRIVE</b>	
City <b>GREENVILLE</b>	State <b>RI</b>	City <b>GREENVILLE</b>	State <b>RI</b>
		Zip	
Secretary Name <b>LISA COUTO</b>		Treasurer Name <b>BETH BARRON</b>	
Street Address <b>BLUFF ST</b>		Street Address <b>157 Sowams rd apt 2</b>	
City <b>RIVERSIDE</b>	State <b>RI</b>	City <b>Barrington</b>	State <b>RI</b>
		Zip <b>02806</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>GREG BASS</b>		Director Name <b>ED MCGUIRL</b>	
Street Address <b>35 STERLING ST</b>		Street Address <b>15 WEST ST</b>	
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	City <b>JAMESTOWN</b>	State <b>RI</b>
		Zip <b>02835</b>	
Director Name <b>ALLYSEN CALLERY</b>		Director Name	
Street Address <b>34 Narrows Rd</b>		Street Address	
City <b>Bristol</b>	State <b>RI</b>	City	State
		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>JOHN FUZEK</b>			Date <b>6-30-2023</b>
Signature of Officer/Authorized Representative 			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov