



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

FEB 28 2024

BY *[Signature]*

Annual Report for the year: 2024  
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.

1. Entity ID Number <b>912471</b>		2. Exact name of the Corporation <b>The Community Concert Series @ St. Michael's</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island. <b>Enhance the cultural environment of our community through an annual series of concerts and encourage young musicians to develop their talents through performance and education.</b>	
4. NAICS Code <b>711310</b>			
6. Principal Office Address <b>165 Wood St.</b>		City <b>Bristol</b>	State <b>RI</b>
		Zip <b>02809</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>Sandy Chabot</b>		Vice-President Name <b>MaryKae Wright</b>	
Street Address <b>1068 Hope St.</b>		Street Address <b>165 Wood St.</b>	
City <b>Bristol</b>	State <b>RI</b>	City <b>Bristol</b>	State <b>RI</b>
Zip <b>02809</b>		Zip <b>02809</b>	
Secretary Name <b>John Beckley</b>		Treasurer Name <b>Arl Storms</b>	
Street Address <b>307 Windbridge Lane</b>		Street Address <b>32 Anchorage Ct.</b>	
City <b>Bristol</b>	State <b>RI</b>	City <b>Bristol</b>	State <b>RI</b>
Zip <b>02809</b>		Zip <b>02809</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Sandy Chabot</b>		Director Name <b>Arl Storms</b>	
Street Address <b>1068 Hope St.</b>		Street Address <b>32 Anchorage Ct.</b>	
City <b>Bristol</b>	State <b>RI</b>	City <b>Bristol</b>	State <b>RI</b>
Zip <b>02809</b>		Zip <b>02809</b>	
Director Name <b>MaryKae Wright</b>		Director Name <b>John Beckley</b>	
Street Address <b>165 Wood St.</b>		Street Address <b>307 Windbridge Lane</b>	
City <b>Bristol</b>	State <b>RI</b>	City <b>Bristol</b>	State <b>RI</b>
Zip <b>02809</b>		Zip <b>02809</b>	
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>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>MaryKae Wright</b>			Date <b>2/22/24</b>
Signature of Officer/Authorized Representative <i>MaryKae Wright</i>			

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov