



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

FILED

MAR 06 2024

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.

BY: [Signature]

1. Entity ID Number 000159967	2. Exact name of the Corporation Notable Works Publications and Distribution Co INC
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island non-profit organization dedicated to raise awareness for environmental and social concerns through the arts
4. NAICS Code 711310	

6. Principal Office Address 544 Quisset Court	City WARWICK	State RI	Zip 02886
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Bina Gomes	Vice President Name Noreen Fyles		
Street Address 544 Quisset Court	Street Address 544 Quisset Court		
City WARWICK	State RI	Zip 02886	City WARWICK
State RI	Zip 02886	State RI	Zip 02886
Secretary Name Dr Anne Marie Vobe	Treasurer Name Carolann Soder		
Street Address 40 Old Louisquissett Pike	Street Address 102 Jennie Lane		
City WARRICK	State RI	Zip 02896	City WARWICK
State RI	Zip 02896	State RI	Zip 02889

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 Carol Anderheggen	Director Name Greg Berger		
Street Address 739 Bristol Ferry Rd	Street Address 5 Dickson St		
City PORTSMOUTH	State RI	Zip 02871	City North Providence
State RI	Zip 02871	State RI	Zip 02852
Director Name David Dragone	Director Name Dave McNally		
Street Address 10 Algonquin Dr	Street Address 164 Midwood St		
City Middleton	State RI	Zip 02842	City CUNNINGHAM
State RI	Zip 02842	State RI	Zip 02820

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.

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

Name of Officer/Authorized Representative Noreen M. Fyles	Date 2-28-24
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Signature of Officer/Authorized Representative
[Signature]

MAIL TO:
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