



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

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

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 <u>Carol Anderheggen</u>		Director Name <u>Greg Berger</u>	
Street Address <u>739 Bristol Ferry Rd</u>		Street Address <u>5 Dickson St</u>	
City <u>PORTSMOUTH</u>	State <u>RI</u>	City <u>NO. KINGSTOWN</u>	State <u>RI</u>
Zip <u>02871</u>	Zip <u>02871</u>	Zip <u>02852</u>	Zip <u>02852</u>
Director Name <u>David Dragone</u>		Director Name <u>Dave McNally</u>	
Street Address <u>10 Algonquin Dr</u>		Street Address <u>164 Midwood St</u>	
City <u>MIDDLETOWN</u>	State <u>RI</u>	City <u>COUNSTON</u>	State <u>RI</u>
Zip <u>02842</u>	Zip <u>02842</u>	Zip <u>02842</u>	Zip <u>02842</u>

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

MAIL TO:
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Website: www.sos.ri.gov