



**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 YEAR 2024:** 2024

**1. Corporate ID No.** 000073173

**2. Name of Corporation** Tiverton Four Corners Center for Arts & Education

**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  
711310

**4. Principal Office Address**

No. and Street: 3848 MAIN ROAD  
City or Town: TIVERTON State: RI Zip: 02878 Country: USA

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

TO PROMOTE THE ARTS AT TIVERTON FOUR CORNERS

**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
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DIRECTOR	BRENDA WRIGLEY	15 MADDEN LANE LITTLE COMPTON, RI 02837 USA
DIRECTOR	ROSALIND M WEIR	26 RIVER ROAD WESTPORT, MA 02790 USA
DIRECTOR	SHAUNA CAHILL	212 COURT STREET NEW BEDFORD, MA 02740 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**

ROSALIND M. WEIR 3852 MAIN ROAD TIVERTON , RI 02878

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

*Signed this 18 Day of April, 2024 at 10:19:12 AM 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 ROSALIND WEIR  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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