



**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.** 000031001

**2. Name of Corporation** SCITUATE ART FESTIVAL, INC.

**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

813319

**4. Principal Office Address**

No. and Street: 25 DANIELSON PIKE

P.O. BOX 126

City or Town: NORTH SCITUATE

State: RI

Zip: 02857

Country: USA

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

ENCOURAGING ARTS AND CRAFTS, CONDUCTING ART FESTIVALS AND EXHIBITIONS AND TO USE THE PROCEEDS THEREFROM FOR CIVIC, CULTURAL, ARTISTIC AND EDUCATIONAL AND OTHER CHARITABLE PURPOSES.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	PAUL LEVEILLEE	256 WESTCOTT ROAD N SCITUATE, RI 02857 USA
TREASURER	KATHLEEN L BIANCHI	130 PEEPTOAD ROAD NORTH SCITUATE, RI 02857-1306 USA
SECRETARY	HANNA AWWAD	170 TRIMTOWN ROAD NORTH SCITUATE, RI 02857 USA
VICE PRESIDENT	KRISTEN BANNON	34 DEERFIELD DRIVE NORTH SCITUATE, RI 02857 USA
DIRECTOR	REGINALD CENTRACCHIO	342 OLD PLAINFIELD PIKE SCITUATE, RI 02857 USA
DIRECTOR	WARNER DAUPHINEE	51 ORCHARD DRIVE HOPE, RI 02831 USA
DIRECTOR	CELESTE LEVEILLEE	256 WESTCOTT ROAD N SCITUATE, RI 02857 USA
DIRECTOR	JULIE AWWAD	170 TRIMTOWN ROAD N SCITUATE, RI 02857 USA
DIRECTOR	JEANNINE VACHON	32 SILK LANE NORTH SCITUATE, RI 02857 USA
DIRECTOR	ROBERT FISHMAN	576 CENTRAL PIKE N SCITUATE, RI 02857 USA
DIRECTOR	JULIE AWWAD	170 TRIMTOWN ROAD NORTH SCITUATE, RI 02857 USA
DIRECTOR	JOAN BIANCO	547 TRIMTOWN ROAD NORTH SCITUATE, RI 02857 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**

KATHLEEN L. BIANCHI 130 PEEPTOAD ROAD NORTH SCITUATE , RI 02857

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

**Signed this 30 Day of April, 2024 at 1:45:32 PM 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 KATHLEEN L BIANCHI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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