



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 MAY 29 AM 10:45:31

Annual Report for the year: 2023  
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>622593</b>		2. Exact name of the Corporation <b>SOUTH COAST ARTISTS, INC</b>			
3. State of Incorporation <b>MA</b>		5. Brief description of the character of business conducted in Rhode Island <b>GIVING LOCAL INDEPENDENT ARTISTS OPPORTUNITIES TO MEET + SHOW THEIR WORK TO THE PUBLIC. OCCASIONALLY THESE OPPORTUNITIES ALLOW ARTISTS TO SELL THEIR WORK</b>			
4. NAICS Code <b>999999</b>					
6. Principal Office Address <b>P.O Box 3716</b>			City <b>WESTPORT</b>	State <b>MA</b>	Zip <b>02790</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>STEVE REMICK</b>			Vice-President Name <b>DON CADREI</b>		
Street Address <b>49 CHRISTINE DR</b>			Street Address <b>23 REED ST.</b>		
City <b>DARTMOUTH</b>	State <b>MA</b>	Zip <b>02747</b>	City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>
Secretary Name <b>KAREN MELANSON</b>			Treasurer Name <b>RAQUEL VALCOURT DE COSTA</b>		
Street Address <b>2 MIRACLE LN</b>			Street Address <b>15 WLEBROOK RD</b>		
City <b>WESTPORT</b>	State <b>MA</b>	Zip <b>02790</b>	City <b>LITTLE COMPTON</b>	State <b>R.I</b>	Zip <b>02837</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>STEPHANIE STROUD</b>			Director Name <b>KEVIN GARBERINI</b>		
Street Address <b>370 CUMMINGS LN</b>			Street Address <b>234 RIVERSIDE DR.</b>		
City <b>SWANSEA</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>RIVERSIDE</b>	State <b>R.I</b>	Zip <b>02915</b>
Director Name <b>JUDY MELANSON</b>			Director Name <b>AMY THIRBER</b>		
Street Address <b>63 JOHN DYER RD</b>			Street Address <b>219 HORSE NECK RD</b>		
City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>S. DARTMOUTH</b>	State <b>MA</b>	Zip <b>02748</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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>RAQUEL VALCOURT DE COSTA</b>					Date <b>5-20-24</b>
Signature of Officer/Authorized Representative <i>Raqueel Valcourt DeCosta</i>					<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**MAY 29 2024**  
**BY E3M2**  
**AA. 10:55 AM.**