



State of Rhode Island
Department of State - Business Services Division

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

Annual Report for the year: 2022
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 622593		2. Exact name of the Corporation SOUTH COAST ARTISTS INC			
3. State of Incorporation MA.		5. Brief description of the character of business conducted in Rhode Island Giving local Independent artists opportunities to MEET + Show their work to the public. Occasionally, these opportunities allow artists to sell their work			
4. NAICS Code 999999					
6. Principal Office Address P.O. Box 3716			City Westport	State MA	Zip 02790
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HEATHER STIVISON			Vice-President Name DON CADORET		
Street Address 6 Ledge Mount Ln			Street Address 23 REED ST.		
City S. DARTMOUTH	State MA	Zip 02748	City TIVERTON	State RI	Zip 02878
Secretary Name KAREN HELGONSON			Treasurer Name RAQUEL VALCOURT DE COSTA		
Street Address 2 MIRACLE LN			Street Address 15 COLEBROOK RD		
City Westport	State MA	Zip 02790	City LITTLE COMPTON	State RI	Zip 02837
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 STEPHANIE STENO			Director Name STEVE REMICK		
Street Address 370 CUMMING LN.			Street Address 49 CHRISTINE DR.		
City Swansea	State MA	Zip 02777	City DARTMOUTH	State MA	Zip 02747
Director Name Barbara Healy			Director Name AMY THUNDER		
Street Address 61 WHITE OAK RUN			Street Address 219 HORSENECK RD		
City N. DARTMOUTH	State MA	Zip 02747	City S. DARTMOUTH	State MA	Zip 02748
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 Raqueel Valcourt De Costa				Date 5-20-24	
Signature of Officer/Authorized Representative Raqueel Valcourt De Costa					

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

FILED
MAY 29 2024
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