



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 MAY 29 AM 10:44:51

Annual Report for the year: 2019
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 - 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
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JILL LAW		Vice-President Name DON CADORET			
Street Address 17 ONYX DR		Street Address 23 REED ST.			
City DARTMOUTH	State MA	Zip 02747	City TIVERTON	State RI	Zip 02878
Secretary Name KAREN MELANSON		Treasurer Name RAGUEL VALCOURT DELOSTA			
Street Address 2 MIRACLE LN		Street Address 15 COLEBROOK RD			
City WESTPORT	State MA	Zip 02790	City Little Compton	State R.I	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 STROLLI		Director Name STEVE REMICK			
Street Address 370 Cummings Ln		Street Address 49 CHRISTINE DR.			
City Swansea	State MA	Zip 02777	City DARTMOUTH	State MA	Zip 02747
Director Name BARBARA HEALY		Director Name MERIDETH BROWER			
Street Address 61 WHITE OAK RUN		Street Address 630 NECK RD.			
City DARTMOUTH	State MA	Zip 02747	City TIVERTON	State R.I	Zip 02878

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 Raguel Valcourt Delosta	Date 5-20-24
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Signature of Officer/Authorized Representative <i>Raguel Valcourt Delosta</i>	FILED
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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
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FORM 631- Revised: 12/2023