



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 <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 - 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>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JILL LAW</b>		Vice-President Name <b>DON CADORET</b>			
Street Address <b>17 ONYX 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>RAGUEL VALCOURT DELOSTA</b>			
Street Address <b>2 MIRACLE LN</b>		Street Address <b>15 COLEBROOK 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. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>STEPHANIE STROLLI</b>		Director Name <b>STEVE REMICK</b>			
Street Address <b>370 Cummings Ln</b>		Street Address <b>49 CHRISTINE DR.</b>			
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>DARTMOUTH</b>	State <b>MA</b>	Zip <b>02747</b>
Director Name <b>BARBARA HEALY</b>		Director Name <b>MERIDETH BROWER</b>			
Street Address <b>61 WHITE OAK RUN</b>		Street Address <b>630 NECK RD.</b>			
City <b>DARTMOUTH</b>	State <b>MA</b>	Zip <b>02747</b>	City <b>TIVERTON</b>	State <b>R.I</b>	Zip <b>02878</b>

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 <b>Raguel Valcourt Delosta</b>	Date <b>5-20-24</b>
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Signature of Officer/Authorized Representative <b>Raguel Valo Delost</b>	<b>FILED</b>
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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  
BY **F3me@** 5:51 AM.  
**AA-10** FORM 631- Revised: 12/2023