RI SOS Filing No	umber: 20245	54996740 E	Date: 5/29/2024 10:50:00	•	
State of Rhode Island	đ			24	
Department of St	-	ss Services I	Division	3 C	
			514151511	20 R	
Annual Report for the year) RIDOS BSD 29 AM 10:44:			
Non-Profit Corporation		16 CS			
→ Filing period: February 1 - May 1 → Filing Fee: \$20.00		25.6			
-> Penalty: Additional \$25.00 fee if	form is not filed by		<u> </u>		
1. Entity ID Number	·	of the Corporation	·	 	
622593	South Gast Artists Inc				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
MA.	Gruing local + Independent artists apportunities to MEET				
4. NAICS Code	+ Show their walk to The public . Occasionally, These				
99999	opportunities allow Airtists to SELL the IR Work.				
6. Principal Office Address	<u> </u>		City	State	Zip
P. 0 Box 37/6			WESTPORT	M	02790
7. List ALL officers (names and addresses)				k the box to indicate:	
President Name			Vice-President Nama		
J.IL AW			DON CADORET		
Street Address			Street Address		
City 17 ONYX CLR	State	Zip	City Z3 REEN St.		T
DARTMOUTH	M	02747	TIVERTON	State 2. I	Zip 02878
Secretary Name			Treasurer Name		102018
KAREN MELANSON			RADUEL VALCULAT DEGSTA		
treel Address 2 MIRACIE LN			Street Address 15 Colchoook RA		
City	State	Zip	City	State	Zip
Westpart	MA	02790	Little Compton	72.1	02837
8. LIST ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					
Check the box to indicate an attachment Director Name					
Stephanie Steons			Director Name MERIDETU BROWER		
Street Address			Street Address		
370 Cumming			630 NECK RO		
SWAn Sea	State	Zip	City	State R.I	Zip
Director Name		<u> </u>	Director Name		02878
Buebara	HEAly		JEN RASHELY	<i>ا</i> لم	
Street Address	, TO,	· · · · · · · · · · · · · · · · · · ·	Street Address		·
City _ (e) White OA!	State .	T 7:	104 Highlan	0 720	
Durtmouth	MA	Zip 02747	City TI UER-TON	State 7. I	Zip U2878
9. The Registered Agent information	of record with th		of State is accurate. Changes req		1
Under penalty of perjury, I declar statements, and that all statemen	e and affirm that	I have examined	this report, including any accu		
				polation Danaism or To	
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee. Name of Officer/Authorized Representative Date					
					/
Signature of Officer/Authorized Representative				5.20.24	, · · · · · · · · · · · · · · · · · · ·
Buyne Uyis	total c		<u></u>		
MAIL TO: // Division of Business Services			FILLD	4H.	_ CHI
148 W. River Street, Providence, Rhode Island 02904-2615					
Phone: (401) 222-3040			THAT E O CULY		ノレ

FORM 631- Revised: 12/2023

Website: www.sos.rl.gov