



State of Rhode Island
Department of State - Business Services Division

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24 MAY 29 AM 10:44:21

Annual Report for the year: 2017
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 <i>Giving local + independent artists opportunities to meet + show their work to the public. Occasionally, these opportunities allow artists to sell their work</i>			
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 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 R.I	Zip 02878
Secretary Name KAREN MELANSON		Treasurer Name KARUEL VALCOURT DELOST			
Street Address 2 MIRACLE W		Street Address 15 CALEBROOK 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 STROUD		Director Name GAREN SNOW			
Street Address 370 CUMMING RD		Street Address WEST MAEN RD			
City Swansea	State MA	Zip 02777	City Little Compton	State RI	Zip 02837
Director Name JILL LAW		Director Name JENNIFER RASHLEIGH			
Street Address 17 ONYX DR		Street Address 104 HIGHLAND 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 KARUEL VALCOURT DELOST					Date 5-20-24
Signature of Officer/Authorized Representative <i>Karuel Valcourt Delost</i>					

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
BY *[Signature]*

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FORM 631- Revised: 12/2023