



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2014  
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 <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 <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>CAROLYN LOCK</b>		Vice-President Name <b>DM CADDET</b>		
Street Address <b>153 QUICKSAND POND RD</b>		Street Address <b>23 REED ST.</b>		
City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>TIVERTON</b>	State <b>R.I</b>
Secretary Name <b>CAROLYN LOCK</b>		Treasurer Name <b>KAREN BAILEY</b>		
Street Address <b>153 QUICKSAND POND RD</b>		Street Address <b>PO BOX N98</b>		
City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>WESTPORT</b>	State <b>MA</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>HEATHER FRYMARK</b>		Director Name <b>KATHRYN LOVELL</b>		
Street Address <b>74 MORNING DOWNS</b>		Street Address <b>PO BOX 531</b>		
City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>ADAMSVILLE</b>	State <b>RI</b>
Director Name <b>MICHELE BAILEY</b>		Director Name <b>JEN RASHLEIGH</b>		
Street Address <b>64 POOLS LN</b>		Street Address <b>184 HIGHLAND RD</b>		
City <b>WESTPORT</b>	State <b>MA</b>	Zip <b>02790</b>	City <b>TIVERTON</b>	State <b>RI</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, duty Authorized Representative, Receiver or Trustee.*

Name of Officer/Authorized Representative <b>Kayval Valeriet Delost</b>	Date
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Signature of Officer/Authorized Representative <i>Kayval Valeriet Delost</i>	<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 **F3me2**  
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FORM 641 - Revised: 12/2023