



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 MAY 29 AM 10:44:05

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 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 to the public. 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	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CAROLYN LOCK		Vice-President Name Don CADDET	
Street Address 153 QUICKSAND POND RD		Street Address 23 REED ST.	
City LITTLE COMPTON	State RI	City TIVERTON	State R.I
Zip 02837		Zip 02878	
Secretary Name CAROLYN LOCK		Treasurer Name KAREN BAILEY	
Street Address 153 QUICKSAND POND RD		Street Address PO BOX 198	
City LITTLE COMPTON	State RI	City WESTPORT	State MA
Zip 02837		Zip 02790	
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 HEATHER FRYMARK		Director Name KATHRYN LOVELL	
Street Address 74 MORNING DOWNS		Street Address PO BOX 531	
City TIVERTON	State RI	City ADAMSVILLE	State RI
Zip 02878		Zip 02801	
Director Name MICHELE BAILEY		Director Name JEN RASHLEIGH	
Street Address 64 POOLS LN		Street Address 184 HIGHLAND RD	
City WESTPORT	State MA	City TIVERTON	State RI
Zip 02790		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 KAROL VALERIE DELOSTE			Date
Signature of Officer/Authorized Representative KAROL VALERIE DELOSTE			

FILED

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**
AA. ID. **46 AM**
FORM 641 - Revised: 12/2023