



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 MAY 29 AM 10:44:00

Annual Report for the year: 2013
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 02791
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BELLY M. LUKAS			Vice-President Name DON CADDET		
Street Address 503 SOUTH LAKE RD			Street Address 23 REED ST.		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State R.I	Zip 02878
Secretary Name KAREN RAUS			Treasurer Name KAREN RAUS		
Street Address P.O. Box N98			Street Address P.O. Box N98		
City WESTPORT	State MA	Zip 02790	City Westport	State MA	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 CAROLYN LOCK			Director Name KATHRYN LOVELL		
Street Address 153 QUICKSAND POND RD			Street Address PO Box 531		
City Little Compton	State RI	Zip 02837	City ADAMSVILLE	State RI	Zip 02801
Director Name GALEN SNOU			Director Name DONNA ST AMANT		
Street Address 220 WEST MAIN RD			Street Address 2 FOX LN		
City Little Compton	State RI	Zip 02837	City Westport	State MA	Zip 02790
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 Raquel Valcourt DeCosta					Date 5-20-24
Signature of Officer/Authorized Representative Raquel Valcourt DeCosta					

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-AM**
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FORM 631- Revised: 12/2023