



State of Rhode Island
Department of State - Business Services Division

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24 MAY 29 AM 10:43:55

Annual Report for the year: 2012
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, 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 Kelly Milukas			Vice-President Name DON CADORET		
Street Address LAKE RD			Street Address 23 BEECH ST		
City TIVERTON	State R.I	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name KAREN RAUS			Treasurer Name KAREN RAUS		
Street Address P.O Box 198			Street Address P.O Box 198		
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 DONNA ST. AMANT			Director Name GALEN SNOW		
Street Address 2 FOX LANE			Street Address West MAIN RD		
City Westport	State MA	Zip 02790	City Little Compton	State R.I	Zip 02837
Director Name CAROL WOOD			Director Name KITLY LOWELL		
Street Address 25 MEMORIAL AVE			Street Address P.O Box 531		
City 5 DARTMOUTH	State MA	Zip 02748	City ADAMSVILLE	State RI	Zip 02801
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Roguel Valcoeur DeCosta					Date 5-20-24
Signature of Officer/Authorized Representative <i>Roguel Valcoeur DeCosta</i>					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

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