



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024**

**1. Corporate ID No.** 000045802

**2. Name of Corporation** SOUTH COUNTY CENTER FOR THE ARTS

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

**4. Principal Office Address**

No. and Street: 3481 KINGSTOWN ROAD

PO BOX 186

City or Town: WEST KINGSTON

State: RI

Zip: 02892

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

COMMUNITY ARTS CENTER

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	CRAIG A PICKELL	216 HIGHLAND AVE WARWICK, RI 02886 US
DIRECTOR	MICHAEL DEGIULIO	16 BETTY DR NARRAGANSETT, RI 02882 US
DIRECTOR	MARIANN ALMONTE	3501 KINGSTOWN RD WEST KINGSTON, RI 02892 USA
PRESIDENT	STEVE A LOPEZ	3481 KINGSTOWN RD W. KINGSTON, RI 02892 US
DIRECTOR	JOSEPH WELCH	3481 KINGSTOWN ROAD WEST KINGSTON, RI 02892 USA
SECRETARY	SARAH R MARTIN	7 KING ST EAST GREENWICH, RI 02818
DIRECTOR	VINCENT CARLONE	10 BEACH AVENUE NEW SHOREHAM, RI 02807 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MARIANN ALMONTE 3481 KINGSTOWN ROAD P.O. BOX 186 WEST KINGSTON , RI 02892

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 21 Day of June, 2024 at 6:29:28 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARIANN ALMONTE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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