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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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 001731047		2. Exact name of the Corporation Artist Communities Alliance			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-Profit helping artists and residencies			
4. NAICS Code 813319					
6. Principal Office Address 10 Dorrance ST #700 PMB# 1786			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lisa Funderburke			Vice-President Name		
Street Address 10 Dorrance ST #700 PMB# 1786			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Sanjit Sethi			Director Name Brandi Turner		
Street Address 10 Dorrance ST #700 PMB# 1786			Street Address 10 Dorrance ST #700 PMB# 1786		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Kibra Yohannes			Director Name		
Street Address 10 Dorrance ST #700 PMB# 1786			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Lisa Funderburke				Date 09/18/2024	
Signature of Officer/Authorized Representative <i>Lisa Funderburke</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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FORM 631 - Revised: 12/2023

BY GFHW 28
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