

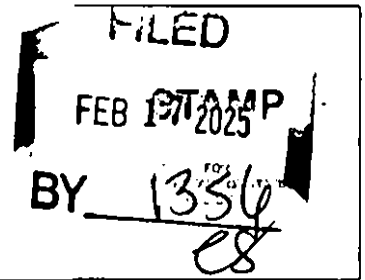


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 001779-367		2. Exact name of the Corporation Creative Arts Network Inc.			
3. State of Incorporation Massachusetts		5. Brief description of the character of business conducted in Rhode Island Our distance to Rhode Island, We we abutt the Rhode Island line. Much of what we do attract individuals from Rhode Island. We also have strong ties to Rhode Island and feel we could off quality art & culture to its communitie			
4. NAICS Code 71510					
6. Principal Office Address 132 Highland Avenue			City Fall River	State MA	Zip 02720
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Dennis			Vice-President Name N/A		
Street Address 132 Highland Avenue			Street Address		
City Fall River	State MA	Zip 02720	City	State	Zip
Secretary Name Laura Cousineau			Treasurer Name E. Jon Bjornson		
Street Address 97 Columbus Drive			Street Address 141 North Main Street		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
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 Fran Cullen			Director Name Linda McCarthy		
Street Address 1295 Locust Street			Street Address 24 Ospray Road		
City Fall River	State MA	Zip 02723	City Narragansett	State RI	Zip 02882
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.					
<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 Sandra Dennis				Date 2/11/2025	
Signature of Officer/Authorized Representative <i>Sandra Dennis</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