



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

FIELD

FEB 18 2025

BY 279 *a*

1. Entity ID Number 001716184		2. Exact name of the Corporation Rhode Island Weaving Center			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Education purposes of teaching weaving and other fiber arts techniques and skills in addition to providing looms, equipment and a library for students			
4. NAICS Code 611519					
6. Principal Office Address 344 Main Street, Suite 200			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carolyn Goodrich			Vice-President Name Leslie Mahler		
Street Address 900 East Shore Road			Street Address 468 Kingstown Rd. #10		
City Jamestown	State RI	Zip 02835	City Wakefield	State RI	Zip 02879
Secretary Name Cathy English			Treasurer Name Elizabeth Hill		
Street Address 14 Lisa Drive			Street Address 220 Robinson Street		
City Charlestown	State RI	Zip 02813	City Wakefield	State RI	Zip 02879
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 Sarah Saulson			Director Name Michelle O'Donnell		
Street Address 40 Wriston Drive			Street Address PO Box 152		
City Providence	State RI	Zip 02906	City West Mystic	State CT	Zip 06388
Director Name Carolyn Goodrich			Director Name Cathy English		
Street Address 900 East Shore Drive			Street Address 14 Lisa Drive		
City Jamestown	State RI	Zip 02835	City Charlestown	State RI	Zip 02813
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 Carolyn Goodrich				Date 2/12/25	
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

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