



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 11 2025

BY

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 001755183		2. Exact name of the Corporation Fayerweather Craft Guild	
3 State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To encourage an interchange among artisans of the decorative arts and to stimulate public interest in handicrafts through workshops and exhibits.	
4 NAICS Code 813990			
6 Principal Office Address PO Box 222		City Wakefield	State RI Zip 02880
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
President Name Claudia Smith		Vice-President Name Cynthia Smyth	
Street Address 59 Sylvan Way		Street Address 175 Little Pond Road	
City Kingston	State RI	Zip 02881	City Wakefield State RI Zip 02879
Secretary Name Susan Graefe		Treasurer Name Sallie Sirhal	
Street Address 40 Sea View Avenue		Street Address 79 Enterprise Ter.	
City North Kingstown	State RI	Zip 02852	City Kingston State RI Zip 02881
8 List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Susan Graefe		Director Name Sallie Sirhal	
Street Address 40 Sea View Drive		Street Address 79 Enterprise Ter.	
City North Kingstown	State RI	Zip 02852	City Kingston State RI Zip 02881
Director Name Claudia Smith		Director Name	
Street Address 59 Sylvan Way		Street Address	
City Kingston	State RI	Zip 02881	City State Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Sallie Sirhal			Date 03/06/2025
Signature of Officer/Authorized Representative Sallie Sirhal			

## MAIL TO:

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