



State of Rhode Island  
Department of State - Business Services Division

FILED

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.

APR 22 2025



BY 2486

1. Entity ID Number 000066345		2. Exact name of the Corporation Ocean State Artisans			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To raise the artistic conscience of Rhode Islanders through various mediums.			
4. NAICS Code 813910					
6. Principal Office Address 55 Island Drive			City Coventry	State RI	Zip 02816
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Elizabeth Giguere			Vice-President Name Mary Beth Dugan		
Street Address 12 Westview Road			Street Address 49 McCormick Road		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
Secretary Name Terry Markey-Haydt			Treasurer Name Paul DiCarlo		
Street Address 108 Beverly Street			Street Address 55 Island Drive		
City North Providence	State RI	Zip 02904	City Coventry	State RI	Zip 02816
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 Margery Dumaine			Director Name Michelle Leveillee		
Street Address 15 Loxley Road			Street Address 88 Twin Brook Lane		
City Providence	State RI	Zip 02904	City Coventry	State RI	Zip 02816
Director Name Lora Fidler			Director Name		
Street Address 166 West Street			Street Address		
City West Warwick	State RI	Zip 02893	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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>Paul DiCarlo, Treasurer</b>				Date <b>4/17/25</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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