



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

**1. Corporate ID No.** 001689332

**2. Name of Corporation** Aurora Collaborative

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

711130

**4. Principal Office Address**

No. and Street: 79 NARRAGANSETT AVENUE

City or Town: JAMESTOWN

State: RI Zip: 02835 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE PURPOSES FOR WHICH THE AURORA COLLABORATIVE IS ORGANIZED ARE:A) TO PROVIDE A PROGRAM FOR STUDENTS, COMMUNITY MEMBERS, AND PROFESSIONAL ARTISTS AND MUSICIANS TO COLLABORATE ON PRODUCING CONCERTS IN THE COMMUNITY; B) TO ESTABLISH A PLATFORM FOR ARTISTIC CREATORS OF ALL FORMS TO EXPLORE THEIR CREATIVE PASSIONS TOGETHER; AND C) TO ORGANIZE CONCERT EVENTS IN THE COMMUNITY THAT FEATURE INTERGENERATIONAL AND MULTI-DISCIPLINARY COLLABORATION OF THE KINDS DESCRIBED ABOVE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

| Title    | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|----------|------------------------------------------------|------------------------------------------------------------|
| DIRECTOR | MARJORIE FARGO HOLLISTER                       | 79 NARRAGANSETT AVENUE<br>JAMESTOWN, RI 02835 USA          |
| DIRECTOR | SAMUEL FARGO HOLLISTER                         | 79 NARRAGANSETT AVENUE<br>JAMESTOWN, RI 02835 USA          |
| DIRECTOR | VICTORIA EVELYN GARDINER                       | 140 CLEARVIEW DRIVE<br>NORTH KINGSTOWN, RI 02852 USA       |

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SAMUEL FARGO HOLLISTER 79 NARRAGANSETT AVENUE JAMESTOWN , RI 02835

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of July, 2025 at 1:17:38 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By SAMUEL FARGO HOLLISTER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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