

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

Form 631 Rev. 09/17

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.			, , , , , , , , , , , , , , , , , , , ,	- I	, - , 1, 12 imajeti 10 u		
1. Corporate ID No.	2. Name of Cor	2. Name of Corporation					
81934	VOLUNTE	VOLUNTEER LAWYERS FOR THE ARTS, RHODE ISLAND					
3. State of Incorporation	4. Corporate ad	ldress in Rhode Island - Street	Address	City	Zip		
RHODE ISLAND	79 FRANK	LIN STREET		WESTERLY	02891		
5. Foreign corporation. Enla	er principal office addr	ess	City	State	Zip		
TO CONDUCT ACTIVI	TIES WHICH AR		RITABLE, LITERARY AND EDU				
	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) TILL IN SPACE	ES BEFORE USING ATTA	CHMENTS		
President Name RALPH E. STOKES			Vice President Name NONE				
Street Address 112 NEW ROAD			Street Address				
City EXETER	State RI	<i>Ζi</i> ρ 02822	City	State	Zip		
Secretary Name PETER L. LEWISS			Treasurer Name RALPH E. STOKES				
Street Address 26 WINDWARD DRIVE			Street Address 112 NEW ROAD				
City	State	Zip	City	State	Zip		
WESTERLY	RI	02891	EXETER	RI	02822		
			ATTACHMENT) FILL IN SPAC				
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL N	OT BE LESS THAN THE	EE (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
PAMELA B. QUIGLE	Y		CHRISTINA McCABE-OFFENBERG				
Street Address	•		Street Address				
74 LENNON STREET			1100 AQUIDNECK AVENUE				
City	State	Zip	City	State	Zip		
PROVIDENCE	RI	02908	MIDDLETOWN	RI	_02842 ഗ		
Director Name RALPH E. STOKES			Director Name		ECR COR		
Street Address 112 NEW ROAD			Street Address				
City EXETER 9. REGISTERED AGENT	State RI I IN RHODE ISLA	2ip 02822 ND	City The plant of the control of th	State	AN OF STREET		
This information is curre	ntly of record in th	ne Office of the Secretary	of State. Changes require filing of	Form 641 - R.I.G.L. 7-6-1	3/7-6-78 3/7-6-78		
This report	must be signed by	either the President, Vic	ce President, Secretary, Assistant	Secretary, Treasurer, Rec	ceiver of Trustee		

	0.4004	E Example Conf	
8 1934		MAR 3 0 2012	Under penalty of perjury, I declare and affirm that I have examined this
		Ex 107(0X)	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date _			Statements contained never are true and correct.
Check No.			Signature of Officer Date
By:			PETER L. LEWISS Print or Type Name of Officer
:	OR SECRETARY OF STATE USE ONLY		SECRETARY Title of Officer

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