



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

APR 29 2024

BY *[Signature]*

Annual Report for the year: 2024  
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 <b>000551937</b>	2. Exact name of the Corporation <b>THE ART CONNECTION IN RHODE ISLAND</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>CONNECTING LIVES WITH ART BY INVITING NON PROFIT ORGANIZATIONS TO CHOOSE ART FOR THEIR SERVICE AREAS FOR INSPIRATION &amp; COMFORT.</b>
4. NAICS Code <b>711410</b>	

6. Principal Office Address <b>36 PARK PLACE, #2</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>WENDY INGRAM</b>			Vice-President Name		
Street Address <b>36 PARK PLACE, #2</b>			Street Address		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
Secretary Name <b>VERA GIERKE</b>			Treasurer Name		
Street Address <b>36 PARK PLACE #2</b>			Street Address		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip

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 <b>KAREN RAND ANDERSON</b>			Director Name <b>LAUREN HILL</b>		
Street Address <b>36 PARK PLACE, #2</b>			Street Address <b>36 PARK PLACE</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>HERMAN BREWSTER</b>			Director Name		
Street Address <b>36 PARK PLACE, #2</b>			Street Address		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip

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.**

*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 <b>WENDY INGRAM</b>	Date <b>4/24/24</b>
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Signature of Officer/Authorized Representative <i>Wendy Ingram</i>
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**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov