



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 00548150		2. Exact name of the Corporation ATLANTIC ARTS MUSEUM, INC.			
3. State of Incorporation DE		4. Brief description of the character of business conducted in Rhode Island ART MUSEUM			
5. Principal office address 101 YGNACIO VALLEY ROAD, SUITE 320			City WALNUT CREEK	State CA	Zip 94596
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PHILIP B. SIMON			Vice-President Name PAUL T. MARINELLI		
Street Address 101 YGNACIO VALLEY ROAD, SUITE 320			Street Address 101 YGNACIO VALLEY ROAD, SUITE 320		
City WALNUT CREEK	State CA	Zip 94596	City WALNUT CREEK	State CA	Zip 94596
Secretary Name PHILIP B. SIMON			Treasurer Name PHILIP B. SIMON		
Street Address 101 YGNACIO VALLEY ROAD, SUITE 320			Street Address 101 YGNACIO VALLEY ROAD, SUITE 320		
City WALNUT CREEK	State CA	Zip 94596	City WALNUT CREEK	State CA	Zip 94596
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name PHILIP B. SIMON			Director Name		
Street Address 101 YGNACIO VALLEY ROAD, SUITE 320			Street Address		
City WALNUT CREEK	State CA	Zip 94596	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FILED
 JUN 23 2014

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.

Paul T. Marinelli 05/14/14
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Paul T. Marinelli, Vice President
 Print or Type Name of Officer or Authorized Representative