



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>28605</u>		2. Exact name of the Corporation <u>Providence Inner City Arts, Incorporated</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Community Arts organization</u>	
5. Principal Office Address <u>30 Marcy St</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02905</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Leslie Grant</u>		Vice-President Name <u>Susan Pires</u>	
Street Address <u>22 Yates St</u>		Street Address <u>99 Draume St</u>	
City <u>Lincoln</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02865</u>		Zip <u>02905</u>	
Secretary Name <u>Martha Lavieri</u>		Treasurer Name <u>Judy Cabral</u>	
Street Address <u>126 Armington St</u>		Street Address <u>30 Marcy St</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Stephen Graham</u>		Director Name <u>Len Cabral</u>	
Street Address <u>76 John St</u>		Street Address <u>30 Marcy St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02906</u>		Zip <u>02905</u>	
Director Name <u>Cleveland Kurtz</u>		Director Name <u>Alfred Cabral</u>	
Street Address <u>12 Kipling St</u>		Street Address <u>126 Armington St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02905</u>	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 <u>Judy Cabral</u>			Date <u>7/6/16</u>
Signature of Officer/Authorized Representative <u>Judy Cabral</u>			

FILED

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY KL 2145