



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**
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 114901		2. Exact name of the Corporation Present Moment Arts Center, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island to educate the public and members of the corporation in various art forms including, but not limited to, visual art, performing arts, dance, music, yoga, reiki and meditation			
4. NAICS Code 611699					
6. Principal Office Address 262 Broadway		City Newport	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Katherine Carbone		Vice-President Name Rev. Lark d'Helen			
Street Address 262 Broadway		Street Address 47 Miatonomi Avenue			
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Secretary Name Stephanie Synnott		Treasurer Name Christopher Carbone			
Street Address 50 Ocean View Drive		Street Address 262 Broadway			
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Katherine Carbone		Director Name Rev. Lark D'Helen			
Street Address 262 Broadway		Street Address 47 Miantonomi Avenue			
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Director Name Stephanie Synnott		Director Name Christopher Carbone			
Street Address 50 OceanView Drive		Street Address 262 Broadway			
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
9. 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 Katherine Carbone, President				Date June 1, 2017	
Signature of Officer/Authorized Representative <i>Katherine Carbone</i>				<i>President - PMAC</i>	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUN 05 2017
BY 101 DS

FORM 631 - Revised: 05/2017