



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

## Annual Report for the year:

## Non-Profit Corporation

2017

→ 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 28605		2. Exact name of the Corporation Providence Inner City Arts, Incorporated	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community Arts organization	
4. NAICS Code 711320			
6. Principal Office Address 30 Marcy St		City Cranston	State RI
		Zip 02905	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Leslie Grant		Vice-President Name Leonard Cabral	
Street Address 22 Yates St		Street Address 30 Marcy St	
City Lincoln	State RI	City Cranston	State RI
Zip 02865		Zip 02905	
Secretary Name Martha Lenihan Lavieri		Treasurer Name Judy Cabral	
Street Address 126 Armington St		Street Address 30 Marcy St	
City Cranston	State RI	City Cranston	State RI
Zip 02905		Zip 02905	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Lockwood St		Director Name Susan Pires	
Street Address Providence		Street Address 99 Drown St	
City Providence	State RI	City Cranston	State RI
Zip 02905		Zip 02905	
Director Name Stephen Graham		Director Name Alfred Cabral	
Street Address 76 John St		Street Address 126 Armington St	
City Providence	State RI	City Cranston	State RI
Zip 02906		Zip 02905	
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 Judy Cabral			Date 7/8/17
Signature of Officer/Authorized Representative Judy Cabral			

FILED

JUL 11 2017

BY

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