



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2018
 Non-Profit Corporation

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- 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 11663944		2. Exact name of the Corporation Valiant Arts	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island An organization for individuals to express freely using the arts. A space where individuals can be bold as we serve the community.	
4. NAICS Code 624190			
6. Principal Office Address 560 Mineral Spring Ave Unit 6-100		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Claude Michelle Aubarg		Vice-President Name Munirat Adebamre	
Street Address 56 Henrietta St Apt #5		Street Address 59 Hewthorne Place	
City Providence	State RI	City N. Providence	State RI
Secretary Name Neisa Pimentel		Treasurer Name Eboney Walker	
Street Address 19 Monticello Street		Street Address 128 Penn Street #1	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02909	
8. 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 Nisha B. ALHASSAN		Director Name Catherine Hidalgo	
Street Address 69 HUDSON ST		Street Address 28 Apollo Row Apt. 25	
City Cranston	State RI	City East Providence	State RI
Zip 02920		Zip 02914	
Director Name Yamaya Sosa		Director Name Victoria Rodriguez	
Street Address 25 Ayrault Street #2		Street Address 10 Poma's Way	
City Providence	State RI	City CINENTRY	State RI
Zip 02908		Zip 02816	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Claude Michelle Aubarg			Date 6/18/18
Signature of Officer/Authorized Representative <i>Claude Michelle Aubarg</i>			SIGN DOCUMENT HERE

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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