



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

Annual Report for the year: 2018  
 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.

**FILED STAMP**  
 JUL 09 2018  
 BY 102

1. Entity ID Number <u>1256294</u>		2. Exact name of the Corporation <u>(AS-PAVA) ART SPACE PERFORMING ARTS + VISUAL ARTS</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>NON PROFIT ART SPACE</u>			
4. NAICS Code <u>711310</u>					
6. Principal Office Address <u>58 LANGLEY STREET</u>			City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>NONE</u>			Vice-President Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <u>DR. PATRICIA A JUBINSKA</u>			Director Name <u>MUCILLE A MOTA COSTA</u>		
Street Address <u>58 LANGLEY STREET</u>			Street Address <u>34 PHENTY STREET</u>		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>
Director Name <u>COURTNEY CHRISTIANSEN</u>			Director Name <u>JOSE COSTA</u>		
Street Address <u>SAME AS ABOVE</u>			Street Address <u>SAME AS ABOVE</u>		
City	State	Zip	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <u>DR PATRICIA A. JUBINSKA</u>					Date <u>6/30/18</u>
Signature of Officer/Authorized Representative <u>Dr Patricia A Jubinska</u> SIGN DOCUMENT HERE					

MAIL TO:  
 Division of Business Services  
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