



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

Annual Report for the Year: 2019

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

JUN 10 2019

BY

1030 DS

1. Entity ID Number 548150		2. Exact name of the Corporation ATLANTIC ARTS MUSEUM, INC.			
3. State of Incorporation DE		5. Brief description of the character of business conducted in Rhode Island ART MUSEUM			
4. NAICS Code 712110					
6. Principal Office Address 101 YGNACIO VALLEY ROAD, SUITE 320			City WALNUT CREEK	State CA	Zip 94596
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL T. MARINELLI			Vice-President Name BARRY T. MORI		
Street Address 101 YGNACIO VALLEY ROAD, SUITE 320			Street Address 101 YGNACIO VALLEY ROAD, SUITE 320		
City WALNUT CREEK	State CA	Zip 94596	City WALNUT CREEK	State CA	Zip 94596
Secretary Name TANYA MCGREGOR			Treasurer Name PAUL T. MARINELLI		
Street Address 101 YGNACIO VALLEY ROAD, SUITE 320			Street Address 101 YGNACIO VALLEY ROAD, SUITE 320		
City WALNUT CREEK	State CA	Zip 94596	City WALNUT CREEK	State CA	Zip 94596
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 PAUL T. MARINELLI			Director Name		
Street Address 101 YGNACIO VALLEY ROAD, SUITE 320			Street Address		
City WALNUT CREEK	State CA	Zip 94596	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
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.					
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 PAUL T. MARINELLI					Date 5.31.19
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov