



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

Annual Report for the Year: 2019  
 Non-Profit Corporation

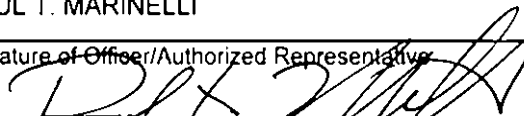
- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

**FILED**

**JUN 10 2019**

BY

1030 DS

1. Entity ID Number <b>548150</b>		2. Exact name of the Corporation <b>ATLANTIC ARTS MUSEUM, INC.</b>			
3. State of Incorporation <b>DE</b>		5. Brief description of the character of business conducted in Rhode Island <b>ART MUSEUM</b>			
4. NAICS Code <b>712110</b>					
6. Principal Office Address <b>101 YGNACIO VALLEY ROAD, SUITE 320</b>			City <b>WALNUT CREEK</b>	State <b>CA</b>	Zip <b>94596</b>
7. List ALL officers (names and addresses). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>PAUL T. MARINELLI</b>			Vice-President Name <b>BARRY T. MORI</b>		
Street Address <b>101 YGNACIO VALLEY ROAD, SUITE 320</b>			Street Address <b>101 YGNACIO VALLEY ROAD, SUITE 320</b>		
City <b>WALNUT CREEK</b>	State <b>CA</b>	Zip <b>94596</b>	City <b>WALNUT CREEK</b>	State <b>CA</b>	Zip <b>94596</b>
Secretary Name <b>TANYA MCGREGOR</b>			Treasurer Name <b>PAUL T. MARINELLI</b>		
Street Address <b>101 YGNACIO VALLEY ROAD, SUITE 320</b>			Street Address <b>101 YGNACIO VALLEY ROAD, SUITE 320</b>		
City <b>WALNUT CREEK</b>	State <b>CA</b>	Zip <b>94596</b>	City <b>WALNUT CREEK</b>	State <b>CA</b>	Zip <b>94596</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>PAUL T. MARINELLI</b>			Director Name		
Street Address <b>101 YGNACIO VALLEY ROAD, SUITE 320</b>			Street Address		
City <b>WALNUT CREEK</b>	State <b>CA</b>	Zip <b>94596</b>	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.					
<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 <b>PAUL T. MARINELLI</b>					Date <b>5.31.19</b>
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