



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JUN 28 PM 12:30

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.

1. Entity ID Number 1603944		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 well they serve the community	
4. NAICS Code 024190			
6. Principal Office Address 560 Mineral Spring Ave		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 Aubourg		Vice-President Name Betsy St. Vil	
Street Address 50 Henrietta st apt # 5		Street Address 193 Lynch Street	
City Providence	State RI	City Providence	State RI
Zip 0290		Zip 0290	
Secretary Name Yamaya Sosa		Treasurer Name Ebonay Walker	
Street Address 28 Ayrault Street #2		Street Address 128 Penn Street	
City Providence	State RI	City Providence	State RI
Zip 02908		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 Munirat Adebimpe		Director Name Tisha R. Alhassan	
Street Address 4 Eagle Street		Street Address 109 Hyde St	
City Johnston	State RI	City Providence	State RI
Zip 02919		Zip 02920	
Director Name Ebonay Walker		Director Name TAKING LEE	
Street Address 128 Penn Street #1		Street Address 9 Lisbon Street	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02908	
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 Aubourg			Date 6/28/19
Signature of Officer/Authorized Representative <i>Claude Michelle Aubourg</i>			

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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 BY KL PCW/DN
 FORM 631 - Revised: 03/2019