



Department of State - Business Services Division

FILED

JUL 01 2019

103

Annual Report for the year:
Non-Profit Corporation

2019

→ 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 1256294		2. Exact name of the Corporation (AS-PAVA) ART SPACE PERFORMING ARTS & VISUAL ARTS			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NON PROFIT ART SPACE			
4. NAICS Code 711310					
6. Principal Office Address 58 LANGLEY STREET		City WARWICK		State RI	Zip 02889
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name DR PATRICIA JUBINSKA NONE		Vice-President Name LUCILLE MOTA COSTA NONE			
Street Address 58 LANGLEY ST		Street Address 34 PLENTY STREET			
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name NONE CHARLES MCCABE		Treasurer Name NONE JOSE COSTA			
Street Address 58 LANGLEY STREET		Street Address 34 PLENTY STREET			
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name DR PATRICIA A JUBINSKA		Director Name LUCILLE A MOTA COSTA			
Street Address 58 LANGLEY STREET		Street Address 34 PLENTY STREET			
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Director Name COURTNEY CHRISTIANSEN		Director Name JOSE COSTA			
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE			
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative DR PATRICIA A. JUBINSKA				Date 5/15/19	
Signature of Officer/Authorized Representative Dr Patricia A JUBINSKA					