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

FILED
MAY 26 2020
BY 1032 DS

Annual Report for the year: 2020
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	2. Exact name of the Corporation
548150	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	City	State	Zip
101 YGNACIO VALLEY ROAD, SUITE 320	WALNUT CREEK	CA	94596

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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.

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	Date
PAUL T. MARINELLI	05/22/2020

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

FORM 631 - Revised: 06/2019