



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

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.

FILED

MAY 26 2020

BY

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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 \$1 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 <b>MUST</b> list at least <b>THREE</b> 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.					
<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 PAUL T. MARINELLI				Date 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