



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

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.

JUN 23 2020

BY 2366
DS

1. Entity ID Number <u>03341</u>		2. Exact name of the Corporation <u>Jay Barry Cultural Arts Center (812990)</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Support cultural Arts in East Bay area</u>	
5. Principal Office Address <u>Georgette Library 530 Main St</u>		City <u>Warren</u>	State <u>RI</u>
		Zip <u>02885</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Manuel E. Menezes</u>		Vice-President Name	
Street Address <u>64 Highland Rd</u>		Street Address	
City <u>Bristol</u>	State <u>RI</u>	City	State
Zip <u>02809</u>		Zip	
Secretary Name <u>Kathryn Barry</u>		Treasurer Name <u>Ethel Carey</u>	
Street Address <u>577 Main St</u>		Street Address <u>56 King St</u>	
City <u>Warren</u>	State <u>RI</u>	City <u>Warren</u>	State <u>RI</u>
Zip <u>02885</u>		Zip <u>02885</u>	
7. 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 <u>Thomas E. Wright</u>		Director Name <u>Judith Menezes</u>	
Street Address <u>572 Main St</u>		Street Address <u>64 Highland Rd</u>	
City <u>Warren</u>	State <u>RI</u>	City <u>Bristol</u>	State <u>RI</u>
Zip <u>02885</u>		Zip <u>02809</u>	
Director Name <u>Kathleen Ketell</u>		Director Name	
Street Address <u>543 Main St</u>		Street Address	
City <u>Warren</u>	State <u>RI</u>	City	State
Zip <u>02885</u>		Zip	
8. 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 <u>Manuel E. Menezes</u>		Date <u>6/18/2020</u>	
Signature of Officer/Authorized Representative		SIGN DOCUMENT HERE <u>Manuel E Menezes</u>	

MAIL TO:

Division of Business Services

148 W River Street Providence, Rhode Island 02904-2616