



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

**FILED**

JUL 08 2020

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Annual Report for the year:  
 Non-Profit Corporation

2020

- 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 <b>1256294</b>		2. Exact name of the Corporation <b>(AS-PAVA) ART SPACE PERFORMING ARTS &amp; VISUAL ARTS</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>NON PROFIT ART SPACE</b>			
4. NAICS Code <b>711310</b>					
6. Principal Office Address <b>58 LANGLEY STREET</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>NONE</b>			Vice-President Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>DR. PATRICIA A JUBINSKA</b>			Director Name <b>LUCILLE A MOTA COSTA</b>		
Street Address <b>58 LANGLEY STREET</b>			Street Address <b>34 PLENTY STREET</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
Director Name <b>CHARLES MC CABE</b>			Director Name <b>JOSE COSTA</b>		
Street Address <b>SAME AS ABOVE</b>			Street Address <b>SAME AS ABOVE</b>		
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 <b>DR PATRICIA A. JUBINSKA</b>					Date <b>6/30/20</b>
Signature of Officer/Authorized Representative <i>Dr Patricia A. Jubinska</i>					

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov