

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

JUL 02 2021

BY A 2380

1. Entity ID Number <u>63341</u>		2. Exact name of the Corporation <u>Jay Barry Cultural Arts Center</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Support of cultural/arts in E. Bay area</u>	
4. NAICS Code <u>812990</u>			
6. Principal Office Address <u>George Hall Library 530 Main St</u>		City <u>Warren</u>	State <u>RI</u>
		Zip <u>02885</u>	
7. 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>	Zip <u>02809</u>	
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>	Zip <u>02885</u>	City <u>Warren</u>
			State <u>RI</u>
			Zip <u>02885</u>
8. 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>	Zip <u>02885</u>	City <u>Bristol</u>
			State <u>RI</u>
			Zip <u>02809</u>
Director Name <u>Kathryn Kittell</u>		Director Name	
Street Address <u>543 Main St</u>		Street Address	
City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>Bristol</u>
			State <u>RI</u>
			Zip <u>02885</u>
9. Registered Agent in Rhode Island		This annual report MUST be signed and dated by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.	
Under penalty of perjury, I declare that the information contained herein is true and correct.		including any accompanying schedules and	
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>6/25/2021</u>	
Signature of Officer/Authorized Representative <u>Manuel E Menezes</u>			

MAIL TO:
Division of Business Services
48 W River Street, Providence, Rhode Island 02904-2615
phone: (401) 222-3040
website: www.sos.ri.gov