



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 14 2023

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 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 RD, SUITE 320 | | | Street Address 101 YGNACIO VALLEY RD, 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 RD, SUITE 320 | | | Street Address 101 YGNACIO VALLEY RD, 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 <input type="checkbox"/> | | | | | |
| Director Name PAUL T. MARINELLI | | | Director Name | | |
| Street Address 101 YGNACIO VALLEY RD, 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. The Registered Agent information of record with the RI Department of State is accurate. 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 PAUL T. MARINELLI | | | | | Date 2/2/23 |
| Signature of Officer/Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

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