



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

APR 20 2023

2463

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 East 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 <u>None</u>	
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>Kathryn Kettell</u>		Director Name <u>Judith Menezes</u>	
Street Address <u>543 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 Barry</u>		Director Name	
Street Address <u>577 Main St</u>		Street Address	
City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	
		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 <u>Manuel E. Menezes</u>			Date <u>4/17/2023</u>
Signature of Officer/Authorized Representative <u>Manuel E. Menezes</u>			