



State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year:
 Non-Profit Corporation

2023

APR 20 2023

2463

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 6244 63341		2. Exact name of the Corporation Jay Barry Cultural Arts Center	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Support of cultural arts in East Bay area	
4. NAICS Code 812990			
6. Principal Office Address George Hall Library 530 Main St		City Warren	State RI
		Zip 02885	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Manuel E. Menezes		Vice-President Name None	
Street Address 64 Highland Rd.		Street Address	
City Bristol	State RI	Zip 02809	
Secretary Name Kathryn Barry		Treasurer Name Ethel Carey	
Street Address 577 Main St		Street Address 56 King St	
City Warren	State RI	Zip 02885	City Warren
			State RI
			Zip 02885
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 Kathryn Kettell		Director Name Judith Menezes	
Street Address 533 Main St		Street Address 64 Highland Rd	
City Warren	State RI	Zip 02885	City Bristol
			State RI
			Zip 02809
Director Name Kathryn Barry		Director Name	
Street Address 577 Main St		Street Address	
City Warren	State RI	Zip 02885	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 Manuel E Menezes			Date 4/17/2023
Signature of Officer/Authorized Representative Manuel E Menezes			

MAIL TO:
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