



RI SOS Filing Number: 202339622380 Date: 7/19/2023 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

JUL 19 2023
108

→ 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 001256294		2. Exact name of the Corporation Art Space-Performing Arts and Visual Arts (AS-PAVA)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To address, educate, coordinate a venue for the performing and visual arts.			
4. NAICS Code 711310					
6. Principal Office Address 58 Langley Street		City Warwick		State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name none			Vice-President Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name none			Treasurer Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Dr. Patricia A Jubinska			Director Name Lucille A Mota Costa		
Street Address 58 Langley Street			Street Address 34 Plenty Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name Charles Clark MacCaibe			Director Name		
Street Address same as above			Street Address		
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.					
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.					
<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 Dr. Patricia A Jubinska				Date 7/5/23	
Signature of Officer/Authorized Representative 					

MAIL TO:
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