



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 *[initials]*

- 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 <i>Dr. Patricia A Jubinska</i>							

MAIL TO:
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 Website: www.sos.ri.gov