



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year:** 2024  
**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.

REC'D RHODES BSO  
MAR 1 12:48:00

1. Entity ID Number <b>001727118</b>		2. Exact name of the Corporation <b>PVD WORLD MUSIC INSTITUTE INC.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>PROMOTE, CELEBRATE AND PRESERVE TRADITIONAL MUSIC AND ART OF AFRICAN REFUGEES AND IMMIGRANTS FOR PRESENTS AND FUTURE GENERATIONS IN RHODE ISLAND.</b>			
4. NAICS Code <b>813410</b>					
6. Principal Office Address <b>10 DAVOL SQUARE #100</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>CHANCE KINYANGE BOAS</b>			Vice-President Name		
Street Address <b>503 ELMWOOD AVENUE</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>DOMINIQUE SINDAYIGANZA</b>			Director Name <b>EILLEN KWESIGA</b>		
Street Address <b>1149 SMITH ST</b>			Street Address <b>24 EVERETT ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name <b>ADAM ANDERSON</b>			Director Name <b>SIE JIE</b>		
Street Address <b>57 HUDSON STREET</b>			Street Address <b>EVERGREEN ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02912</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>CHANCE KINYANGE BOAS</b>					Date <b>03/01/2023</b>
Signature of Officer/Authorized Representative <i>Chance Boas</i>					

FILED

03/1/2024

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

MAR 01 2024  
BY AA Z X G 71