



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 RIDOS BSD
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1. Entity ID Number <u>000063341</u>		2. Exact name of the Corporation <u>Jay Barry Cultural Arts Center</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Support and promotion of the cultural, visual, and performing arts in the East Bay area.</u>			
4. NAICS Code <u>812990</u>					
6. Principal Office Address <u>40 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>Kathryn Kittell</u>			Vice-President Name <u>none</u>		
Street Address <u>543 Main St.</u>			Street Address		
City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	City	State	Zip
Secretary Name <u>Kathryn Barry</u>			Treasurer Name <u>Ethel Carey</u>		
Street Address <u>577 Main St.</u>			Street Address <u>56 King Street</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>Manuel Menezes</u>			Director Name <u>William Barry</u>		
Street Address <u>64 Highland Road</u>			Street Address <u>577 Main St.</u>		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>
Director Name <u>William McLane</u>			Director Name <u>- none -</u>		
Street Address <u>543 Main Street</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>Kathryn Barry Kathryn Barry</u>					Date <u>3-18-2024</u>
Signature of Officer/Authorized Representative <u>Kathryn Barry</u>					

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

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FORM 631- Revised: 12/2023