



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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.

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1. Entity ID Number <u>01663944</u>		2. Exact name of the Corporation <u>Valiant Arts</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To dance, create, express and feel at ease. A space that allow individuals to expand their knowledge of holistic dance.</u>	
4. NAICS Code <u>684190</u>			
6. Principal Office Address <u>560 Mineral Spring Ave Unit 6-103</u>		City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02860</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Claude Michelle Oliveira</u>		Vice-President Name <u>Fernando Oliveira</u>	
Street Address <u>129 Lincoln Ave, unit 9</u>		Street Address <u>129 Lincoln Ave, unit 9</u>	
City <u>Central Falls</u>	State <u>RI</u> Zip <u>02863</u>	City <u>Central Falls</u>	State <u>RI</u> Zip <u>02863</u>
Secretary Name <u>Yamaya Dosa</u>		Treasurer Name	
Street Address <u>25 Sycamore St</u>		Street Address	
City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>	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 ☐			
Director Name <u>Claude Michelle Oliveira</u>		Director Name <u>Cheryl Esom</u>	
Street Address <u>129 Lincoln Ave, unit 9</u>		Street Address <u>8 Hurad St</u>	
City <u>Central Falls</u>	State <u>RI</u> Zip <u>02863</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
Director Name <u>Betsy Stvil</u>		Director Name <u>Fernando Oliveira</u>	
Street Address <u>1902 S Fannin St</u>		Street Address <u>129 Lincoln Ave, unit 9</u>	
City <u>Amarillo</u>	State <u>Texas</u> Zip <u>79109</u>	City <u>Central Falls</u>	State <u>RI</u> Zip <u>02863</u>
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>Claude Michelle Oliveira</u>			Date <u>1/22/25</u>
Signature of Officer/Authorized Representative <u>[Signature]</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

FILED

JAN 22 2025
BY VSHAP

FORM 631- Revised: 04/2023