



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2026

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.

FILED

OCT 16 2025

BY BSNREC'D RHODES BSD
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1. Entity ID Number 001727118		2. Exact name of the Corporation PVD WORLD MUSIC INSTITUTE <u>INC.</u>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROMOTE, CELEBRATE AND PRESERVE TRADITIONAL MUSIC AND ART OF AFRICAN REFUGEES AND IMMIGRANTS FOR PRESENTS AND FUTURE GENERATIONS IN RHODE ISLAND.			
4. NAICS Code 813410					
6. Principal Office Address 10 DAVOL SQUARE #100			City PROVIDENCE	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name CHANCE KINYANGE BOAS			Vice-President Name		
Street Address 503 ELMWOOD AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02907	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 MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name DOMINIQUE SINDAYIGANZA			Director Name EILLEN KWESIGA		
Street Address 1149 SMITH ST			Street Address 24 EVERETT ST		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02907
Director Name ADAM ANDERSON			Director Name SIE JIE		
Street Address 57 HUDSON STREET			Street Address EVERGREEN ST		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02912
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 CHANCE KINYANGE BOAS					Date 10/16/2025
Signature of Officer/Authorized Representative <u>Chance Boas</u>					