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State of Rhode Island
Department of State - Business Services Division

FILED
OCT 16 2025
BY

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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.

1. Entity ID Number	2. Exact name of the Corporation
001727118	PVD WORLD MUSIC INSTITUTE INC.
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	City	State	Zip
10 DAVOL SQUARE #100	PROVIDENCE	RI	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: EILLEEN 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: Chance Boas