State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
126919	Pawtucekt Armory Manangement			
3. Street Address Principal Business Office		City	State	Zip
172 Exchange Street, P.O. Box 1026		Pawtucket	RI	02862-1026
4. Business Phone No.	5. State of Incorporation			
(401)721-0723	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
To restore and manage the historic Pawtucket Armory building as a center for the performing arts and related cultural endeavors.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
William C. Arvanities			Lawrence Platt		
Street Address			Street Address		
172 Exchange Street, P.O. Box 1026			172 Exchange Street, P.O. Box 1026		
City	State	Zip	City	State	Zip
Pawtucket	RI	02862-1026	Pawtucket	RI	02862-1026
Secretary Name			Treasurer Name		
Lisa A. LaDew			Linda Cohen		
Street Address			Street Address		
172 Exchange Street, P.O. Box 1026			172 Exchange Street, P.O. Box 1026		
City	State	Zip	City	State	Zip
Pawtucket	RI	02862-1026	Pawtucket	RI	02862-1026

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
None					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 $.01 Par Value		

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	$.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

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.

Signature *Date* 1/29/08

Steve Kumins
Print or Type Name

Executive Director
Title

[redacted]

File Date FILED

Check No. JAN 30 2008

By: By

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06