

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 401.222.3040
Filing Period: June 1 · June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

to a penalty fee of \$25.00.		, , , , , , , , , , , , , , , , , , ,		ion toe ame prescribea by u	w (R.I.G.L. 7-6-91) is subjec	
1. Corporate ID No.	2. Name of Cor	2. Name of Corporation				
132834	Yorick's Productions					
3. State of Incorporation	I	dress in Rhode Island - Street	Address	City	Zip	
Rhode Island	8 Table Ro			Lincoln	02865	
5. Foreigu corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the chara	cter of the affairs whic	cb are actually conducted in R	bode Island	······································		
			ssical and contemporary pu	ippetry.		
7. NAMES AND ADDRES	SES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [FILL IN SI	PACES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name			
Ms. Nedra Williams			None			
Street Address			Street Address			
8717 Seneca Street						
Сиу	State	Zip	City	State	Zip	
Oakland	CA	94605				
Secretary Name MS. Aniece Novak			Treasurer Name Ms. Aniece Novak			
Street Address 8 Table Rock Road			Street Address 8 Table Rock Road			
City	State	Zip	City	State	Zip	
Lincoln,	RI	02865	Lincoln	RI	02865	
8. NAMES AND ADDRESS	SES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SI	PACES BEFORE USING AT	TACHMENTS	
THE NUMBER OF DIREC	CTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHAL	L NOT BE LESS THAN TH	REE (3). R.I.G.L. 7.6.23	
Director Name			Director Name			
Ms. Marianne Ruggiero			Ms. Silas Shabele	Ms. Silas Shabelewska		
Street Address			Street Address			
1739 Smith Street			135 Waverly Street, #2b			
Сйу	State	Zip	City	State	Zip	
North Providence	RI	02911	New York	NY	10014	
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name			
Ms. Irena Salina						
Street Address			Street Address			
72 Greene Avenue						
City	State	Zip	City	State	Zip	
Brooklyn	NY	11238			I -	
9. REGISTERED AGENT I	N RHODE ISLAN	ID - DO NOT ALTER - (Changes require filing of i	Form 641 - R.I.G.L. 7-6-1;	3 / 7-6-78	
ANIFCE	Nov	4 K	Address X TAF	BLE ROCK R	200	
Address			City .	Zip	MTD	
		· · · · · · · · · · · · · · · · · · ·	LINCOL	-N O	2865	
This report mu	st be signed by e	ither the President, Vice	President, Secretary, Assist	ant Secretary, Treasurer, Re	eceiver or Trustee	

Title of Officer

	FILED	
File D	Oate	
Check	JUN 0 5 2008	
F	v 12/8	
By:		
	FOR SECRETARY OF STATE USE O	NLY

Under penalty of perjury, I declare and report, including any accompanying schedulers.	dules and statements, and that all
statements contained here are true and of	5 /25/08
Signalize of Officer Aniece J. Novak	Day
Print or Type Name of Officer Secretary/Treasurer	