RI SOS Filing Number: 200812697580 Date: 07/30/2008 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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.*

1. Corporate ID No.	2. Name of Corporation		
147998	the Encore Repertory Company		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
Rhode Island	62 Douglas Pike	No. Smithfield	02896
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
Produce shows for the benefit of the Stadium Theatre Performing Arts Centre + provide a venue for area Talent, both backstage & on

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

President Name	Vice President Name
Muriel Halloran	None
Street Address	Street Address
62 Douglas Pike	
City / State / Zip	City / State / Zip
No. Smithfield / R.I. / 02896	
Secretary Name	Treasurer Name
	None
Street Address	Street Address
City / State / Zip	City / State / Zip

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

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
Kathleen Fortier	Daniel Halloran
Street Address	Street Address
397 Orchard Street	62 Douglas Pike
City / State / Zip	City / State / Zip
Woonsocket / R.I. / 02895	No. Smithfield / R.I. / 02896
Director Name	Director Name
Alfred A. Fortier III	
Street Address	Street Address
397 Orchard Street	
City / State / Zip	City / State / Zip
Woonsocket / R.I. / 02895	

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9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address
Muriel Halloran	N
Address	City / Zip
62 Douglas Pike	No. Smithfield R.I. 02896

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Muriel Halloran July 28, 2008
Signature of Officer *Date*

Muriel Halloran
Print or Type Name of Officer

President
Title of Officer

FOR SECRETARY OF STATE USE ONLY	
File Date	FILED
Check No.	JUL 30 2008
By:	By 1201

[redacted]

Form 631 Rev. 12/06

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