



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 2009

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. 4530		2. Name of Corporation COLUMBUS THEATRE, INC.			
3. Street Address Principal Business Office 270 BROADWAY			City PROV.	State R.I.	Zip 02903
4. Business Phone No. 751-5263		5. State of Incorporation RHODE ISLAND			
6. Date of Termination of the Character of Business Conducted in Rhode Island OPERATE A THEATRE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JON BERBERIAN			Vice President Name		
Street Address 270 BROADWAY			Street Address		
City PROVIDENCE	State R.I.	Zip 02903	City	State	Zip
Secretary Name JON BERBERIAN			Treasurer Name		
Street Address 270 BROADWAY			Street Address		
City PROVIDENCE	State R.I.	Zip 02903	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JON BERBERIAN			Director Name		
Street Address 270 BROADWAY			Street Address		
City PROVIDENCE	State R.I.	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	Par Value NPV

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.

FILED	
File Date	JAN 21 2009
Check No.	22938
By	By

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 **JON BERBERIAN (PRC.)** Date **1/18/09**
Print or Type Name **JON BERBERIAN**
PRESIDENT