



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 2009

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.<br><b>27337</b>                                                                                                                |                    | 2. Name of Corporation<br><b>KALEIDOSCOPE THEATRE</b>                            |                                           |                         |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>                                                                                                   |                    | 4. Corporate address in Rhode Island - Street Address<br><b>65 FREEDOM DRIVE</b> |                                           | City<br><b>CRANSTON</b> | Zip<br><b>02920</b> |
| 5. Foreign corporation. Enter principal office address                                                                                             |                    |                                                                                  |                                           | City                    | State               |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br><b>A PROFESSIONAL TOURING THEATRE COMPANY</b> |                    |                                                                                  |                                           |                         |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                  |                    |                                                                                  |                                           |                         |                     |
| President Name<br><b>Holly Shadoian</b>                                                                                                            |                    |                                                                                  | Vice President Name                       |                         |                     |
| Street Address<br><b>c/o 65 Freedom Drive</b>                                                                                                      |                    |                                                                                  | Street Address                            |                         |                     |
| City<br><b>Cranston</b>                                                                                                                            | State<br><b>RI</b> | Zip<br><b>02920</b>                                                              | City                                      | State                   | Zip                 |
| Secretary Name                                                                                                                                     |                    |                                                                                  | Treasurer Name                            |                         |                     |
| Street Address                                                                                                                                     |                    |                                                                                  | Street Address                            |                         |                     |
| City                                                                                                                                               | State              | Zip                                                                              | City                                      | State                   | Zip                 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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<br><b>Robert Zannini</b>                                                                                                             |                    |                                                                                  | Director Name<br><b>David Payton</b>      |                         |                     |
| Street Address<br><b>65 Freedom Drive</b>                                                                                                          |                    |                                                                                  | Street Address<br><b>65 Freedom Drive</b> |                         |                     |
| City<br><b>Cranston</b>                                                                                                                            | State<br><b>RI</b> | Zip<br><b>02920</b>                                                              | City<br><b>Cranston</b>                   | State<br><b>RI</b>      | Zip<br><b>02920</b> |
| Director Name<br><b>Nicole Frechette</b>                                                                                                           |                    |                                                                                  | Director Name<br><b>Tommy Lafreda</b>     |                         |                     |
| Street Address<br><b>19 Memorial Avenue</b>                                                                                                        |                    |                                                                                  | Street Address<br><b>86 Lakeview Road</b> |                         |                     |
| City<br><b>Lincoln</b>                                                                                                                             | State<br><b>RI</b> | Zip<br><b>02865</b>                                                              | City<br><b>Cranston</b>                   | State<br><b>RI</b>      | Zip<br><b>02920</b> |
| 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<br><b>Robert Zannini</b>                                                                                                                |                    |                                                                                  | Address                                   |                         |                     |
| Address<br><b>65 Freedom Drive</b>                                                                                                                 |                    |                                                                                  | City<br><b>Cranston</b>                   | Zip<br><b>02920</b>     |                     |

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED**

File Date **MAY 19 2009**

Check No. **By 8816**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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 of Officer \_\_\_\_\_ Date \_\_\_\_\_

**Robert Zannini**

Print or Type Name of Officer

**Director**

Title of Officer