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.* | *2. Name of Corporation* | | |
|---|---|---|---|
| 27337 | KALEIDOSCOPE THEATRE | | |
| *3. State of Incorporation* | *4. Corporate address in Rhode Island - Street Address* | *City* | *Zip* |
| RHODE ISLAND | 65 FREEDOM DRIVE | CRANSTON | 02920 |
| *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*

A PROFESSIONAL TOURING THEATRE COMPANY

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

| *President Name* | | | *Vice President Name* | | |
|---|---|---|---|---|---|
| Holly Shadoian | | | | | |
| *Street Address* | | | *Street Address* | | |
| c/o 65 Freedom Drive | | | | | |
| *City* | *State* | *Zip* | *City* | *State* | *Zip* |
| Cranston | RI | 02920 | | | |
| *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)*** ☐ **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* | | |
|---|---|---|---|---|---|
| Robert Zannini | | | David Payton | | |
| *Street Address* | | | *Street Address* | | |
| 65 Freedom Drive | | | 65 Freedom Drive | | |
| *City* | *State* | *Zip* | *City* | *State* | *Zip* |
| Cranston | RI | 02920 | Cranston | RI | 02920 |
| *Director Name* | | | *Director Name* | | |
| Nicole Frechette | | | Tommy Lafreda | | |
| *Street Address* | | | *Street Address* | | |
| 19 Memorial Avenue | | | 86 Lakeview Road | | |
| *City* | *State* | *Zip* | *City* | *State* | *Zip* |
| Lincoln | RI | 02865 | Cranston | RI | 02920 |

**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* | | |
|---|---|---|---|
| Robert Zannini | | | |
| *Address* | *City* | *Zip* | |
| 65 Freedom Drive | Cranston | 02920 | |

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

[redacted] 2 7 3 3 7

**FILED**

*File Date* MAY 19 2009

*Check No.* By 8816

*By:*

FOR SECRETARY OF STATE USE ONLY

[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 of Officer* *Date*

Robert Zannini
*Print or Type Name of Officer*

[redacted] Director
*Title of Officer*

Form 631 Rev. 12/06