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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.	2. Name of Corporation			
44285	THEATRE BY THE SEA INC			
3. Street Address Principal Business Office		City	State	Zip
46 ANTIQUE ROAD		MATUNUCK	RI	02879
4. Business Phone No.	5. State of Incorporation			
401-789-0692	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
The establishment of legitimate theatre providing for educational, recreational and artistic development entertainment and activities and the ownership possession, leasing, management of realty

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

President Name			Vice President Name		
THOMAS BRENT			THOMAS BRENT		
Street Address			Street Address		
46 ANTIQUE ROAD			46 ANTIQUE ROAD		
City	State	Zip	City	State	Zip
MATUNUCK RI	RI	02879	MATUNUCK	RI	02879
Secretary Name			Treasurer Name		
THOMAS BRENT			THOMAS BRENT		
Street Address			Street Address		
46 ANTIQUE ROAD			46 ANTIQUE ROAD		
City	State	Zip	City	State	Zip
MATUNUCK	RI	02879	MATUNUCK	RI	02879

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

1,000 no par value

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
50	common	■ no par

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.

[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.

Thomas Brent Jan 27, 2010
Signature *Date*

THOMAS BRENT
Print or Type Name

PRESIDENT
Title

[redacted]

File Date **FILED**
Check No. JAN 28 2010
By: By 3853
FOR SECRETARY OF STATE USE ONLY

44534-4-476498

Form 630 Rev. 08/08