



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*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.*

**ANNUAL REPORT YEAR:** 2011

**1. Corporate ID No.** 000147998

**2. Name of Corporation** The Encore Repertory Company

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 62 DOUGLAS PIKE

City or Town: NORTH SMITHFIELD

State: RI Zip: 02896 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROVIDE THEATRICAL PRODUCTIONS FOR THE BENEFIT OF THE STADIUM  
THEATRE PERFORMING ARTS CENTRE AND TO PROVIDE CULTURE AND  
ENTERTAINMENT FOR THE SURROUNDING COMMUNITIES.

**7. Names and Addresses of the Officers and Directors:**

*All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete*

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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MURIEL HALLORAN	62 DOUGLAS PIKE NORTH SMITHFIELD, RI 02896- USA
DIRECTOR	KATHLEEN FORTIER	397 ORCHARD STREET WOONSOCKET, RI 02895
DIRECTOR	ALFRED A FORTIER III	397 ORCHARD STREET WOONSOCKET, RI 02895 USA
DIRECTOR	DANIEL CHARLES HALLORAN	62 DOUGLAS PIKE NO. SMITHFIELD, RI 02896 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHN B. MURPHY 38 NORTH COURT STREET PROVIDENCE , RI 02903

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

**Signed this 1 Day of August, 2011 at 9:09:41 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MURIEL HALLORAN  
Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or  
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07

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