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 2012
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: 2012

1. Corporate ID No. 000089105

2. Name of Corporation Portsmouth Community Theater, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 240 BRAMANS LANE
City or Town: PORTSMOUTH State: RI Zip: 02871 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

COOPERATIVE EDUCATIONAL CORPORATION.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

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JUN 07 2012

BY 1673

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	RON MARSH	KINGS GRANT PARK PORTSMOUTH, RI 02871 USA
SECRETARY	DENISE BETZ	C/O PCT BOX 336 PORTSMOUTH, RI 02871 USA
PRESIDENT	CYNTHIA KILLAVEY	240 BRAMANS LANE PORTSMOUTH, RI 02871- USA
DIRECTOR	DENISE DVORAK	BENJAMIN DR PORTSMOUTH, RI 02871 USA
DIRECTOR	PATRICIA CULVER	164 HERITAGE DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	PRISCILLA WIMPRESS	155 HARGRAVES PORTSMOUTH, RI 02871 USA
DIRECTOR	RICHARD SCHLOSKY	15 VALHALLA DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	ANDREW V KELLY	ISLAND PARK PORTSMOUTH, RI 02871 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

TRISH CULVER 164 HERITAGE DRIVE PORTSMOUTH , RI 02871

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

Filer's Contact Information
(Enter a contact name, mailing address and email.)
Contact Name: Cynthia Killavey
Business Name: Portsmouth Community Theater
No. and Street: 240 Bramans Lane
City or Town: Portsmouth State: RI Zip: 02871 Country: USA
Contact Phone: (401) 847-5148 ext:
Contact Email: storyteller@storyri.com
Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 4 Day of June, 2012 at 8:20:48 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 Cynthia Killavey Cynthia Killavey
Signature of Officer of the Corporation

X President or __ Vice President or __ Secretary or __ Assistant Secretary or

FILED

JUN 07 2012

BY ID 89105