

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

Filing Period: June 1 - June 30 · This report must be typed or printed legibly. Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESU

1. Entity ID No.	2. Exact name of the Corporation		
125150	. Fantasy Works Youth	Theater Inc dba	Rhode Island Youth Theatre
State of Incorporation	4. Brief description of the character of t	ousiness conducted in Rhode Island	
RI			
5. Principal office address	70 - 10-11-11-00	City	State Zip
	70 Tower Hill Rd.	Saunderstour	RI 02874
President Name	ES AND ADDRESSES) ("X" BOX FOR A	ITACHMEN'F,	The second of th
EUSA CART	DONE	Vice-President Name	
Street Address	Q ₁₀ ·	Street Address	WAL
13 Juriper	Drive	22011665 F	7 C)
City	State Zip	City	State Zip
Secretary Name	1KT 102829	warnick	RI 02818
CATHERINE	El Valal	Treasurer Name	
Street Address	FLYNN		IDD
103 Ard 20	y Ave	Street Address	
City	State Zip	City City	State Zin
Machiner.	RI 02889	Fast (report vole	127 000
7. LIST <u>ALL</u> DÌRECTORS (NAN ("X" BOX FOR ATTACHMEN	(ES AND ADDRESSES) PHODE ISLAND	CORPORATIONS MUST LIST NO L	ESS THAN THREE (3) DIRECTORS
Director Name		Director Name	
Flama Cola	3O	Robin Desjar	lais
Street Address	1, 2.	Street Address	00.3
130 COISLES	Way	153 Hillard F	tue.
City Co	State Zip	City	State Zip
Director Name	15I 602818	MOUNTER	RI 00886
	Walachowski	Director Name	1
treet Address	MUCLOWSKI	Street Address	ta
12 Corona	(+	Street Address	Ave
City \	State Zip	City	
mpunick ,	LKT POSSE	1 wakesield	State Zip O25-19
. REGISTERED AGENT IN RHO			1 10 1 1 1 1
his information is currently of	record in the Office of the Secretary of	State. Changes require filing Form 6	41.
This report must be si	gned by either the President, Vice-Preside	nt, Secretary, Assistant Secretary, Treas	surer, Receiver or Trustee
		-	7,110,000
	בנו בס	Under penalty of perjury, I declare	and affirm that I have examined
File Date	FILED	inja report, including any accomp	BILLING Schedules and statements
Check No	****	and that all statements contained	Merein are true and correct.
_	JUN 1 9 2012	July ()xxx 6-5-12
Ву:	7/5/2	Signature of Officer	Date
FOR SECRETARY OF STATE I	JSE SYLVIN S / O	Faith Lass	
		Print or Type Name of Officer	
orm No. 631		Treasures	
vised: 05/2012		Title of Officer	

Continued List of Directors

Jeanne Heston 117 Mount View Ave North Kingstown, RI 02852

Ann O'Grady 2170 Tower Hill Rd Saunderstown, RI 02874

FILED

JUN 1 9 2012

BY ID 125150