



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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 RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000030387		2. Exact name of the Corporation Trinity Repertory Company			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island We are a non-profit theater company.			
5. Principal office address 201 Washington Street		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jonathan Duffy		Vice-President Name Paul Choquette			
Street Address 10 Charles Street		Street Address 7 Jackson Walkway			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02903
Secretary Name Suzanne Magaziner		Treasurer Name John Lombardo			
Street Address 184 Poppasquash Road		Street Address 105 Mollie Drive			
City Bristol	State RI	Zip 02809	City Cranston	State RI	Zip 02921
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Linda Cohen		Director Name William Foulkes			
Street Address 10 Exchange Court		Street Address 169 Weybosset St.			
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02909
Director Name Mark Perlman		Director Name Peter Lipman			
Street Address 360 Callahan Road		Street Address 491 Kilvert Street			
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02886
8. REGISTERED AGENT IN RHODE ISLAND					
This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

MAY 13 2013

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

BY 33512

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

Johnathan Duffy

Print or Type Name of Officer

Board Chair

Title of Officer