



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

2014

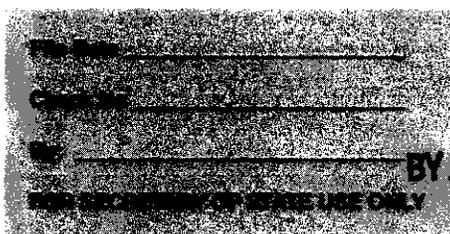
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 26786 | | 2. Exact name of the Corporation IMPROVISE ! | | | |
| 3. State of Incorporation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island to promote creative drama | | | |
| 5. Principal office address P O Box 2473 | | City Providence | | State RI | Zip 02906 |
| President Name Joseph Curran | | Vice-President Name none | | | |
| Street Address 50 Kennedy Plaza, suite 50 | | Street Address | | | |
| City Providence | State RI | Zip 02903 | City | State | Zip |
| Secretary Name none | | Treasurer Name Barbara J. Riter | | | |
| Street Address | | Street Address 133 Dexterdaled Road | | | |
| City | State | Zip | City Providence | State RI | Zip 02906 |
| 7. LIST ALL DIRECTORS AND ADDRESSES IN RHODE ISLAND FOR THE YEAR ENDING 6/30/2014. LIST NO LESS THAN THREE (3) DIRECTORS | | | | | |
| Director Name Naida Weisberg | | Director Name Rose Pavlow | | | |
| Street Address 48 Barberry Hill | | Street Address 73 Gilbert | | | |
| City Providence | State RI | Zip 02906 | City Warwick | State RI | Zip 028986 |
| Director Name Diane Howley | | Director Name | | | |
| Street Address 139 Dexterdaled Road | | Street Address | | | |
| City Providence | State RI | Zip 02906 | City | State | Zip |
| 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, duly Authorized Representative, Receiver or Trustee



FILED

JUN 03 2014

BY **2277**

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]
 Signature of Officer or Authorized Representative

6/01/2014
 Date