



**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**

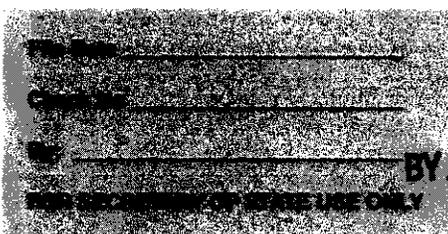
**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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. <b>26786</b>		2. Exact name of the Corporation <b>IMPROVISE !</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>to promote creative drama</b>			
5. Principal office address <b>P O Box 2473</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02906</b>
President Name <b>Joseph Curran</b>		Vice-President Name <b>none</b>			
Street Address <b>50 Kennedy Plaza, suite 50</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>none</b>		Treasurer Name <b>Barbara J. Riter</b>			
Street Address		Street Address <b>133 Dexterdaled Road</b>			
City	State	Zip	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
<b>7. LIST ALL DIRECTORS AND ADDRESSES IN RHODE ISLAND FOR THE YEAR ENDING. LIST NO LESS THAN THREE (3) DIRECTORS</b>					
Director Name <b>Naida Weisberg</b>		Director Name <b>Rose Pavlow</b>			
Street Address <b>48 Barberry Hill</b>		Street Address <b>73 Gilbert</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>028986</b>
Director Name <b>Diane Howley</b>		Director Name			
Street Address <b>139 Dexterdaled Road</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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]* **6/01/2014**  
 Signature of Officer or Authorized Representative Date

Print or Type Name of Officer or Authorized Representative