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**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

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

**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. | 2. Exact name of the Corporation |
|---|---|
| **27865** | **Gilbert & Sullivan Society of Rhode Island, Inc.** |
| 3. State of Incorporation: **Rhode Island** | 4. Brief description of the character of business conducted in Rhode Island: **Community theatrical group** |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| **PO Box 133** | **Lincoln** | **RI** | **02865-0133** |

**6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **Richard K. Foster** | **1064 Great Road** | **Lincoln** | **RI** | **02865** |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **Richard K. Foster** | **1064 Great Road** | **Lincoln** | **RI** | **02865** |

**7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **Richard K.Foster** | **1064 Great Road** | **Lincoln** | **RI** | **02865** |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **Danielle D. Foster** | **1064 Great Road** | **Lincoln** | **RI** | **02865** |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **Meegan B. Stewart** | **312 Front Street** | **Lincoln** | **RI** | **02865** |

| Director Name | Street Address | 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*

**File Date** _____
**Check No** _____
**By:** _____
**FOR SECRETARY OF STATE USE ONLY**

**FILED**
JUN 16 2014
BY 2485

**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.**

Richard K. Foster — 6/15/14
Signature of Officer or Authorized Representative — Date

**Richard K. Foster**
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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