RI SOS Filing Number: 201441685030 Date: 06/19/2014 4:00 PM

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
29905	The Players
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Development, enhancement, production and promotion of theatre arts within Rhode Island

5. Principal office address	City	State	Zip
400 Benefit Street	Providence	RI	02903

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

President Name	Street Address	City	State	Zip
Trisha McManus	100 Spencer Avenue	East Greenwich	RI	02818

Vice-President Name	Street Address	City	State	Zip
Kathy Oliverio	77 South Angell Street, #202	Providence	RI	02906

Secretary Name	Street Address	City	State	Zip
Bonnie Sullivan	PO Box 1904	East Greenwich	RI	02818

Treasurer Name	Street Address	City	State	Zip
Peter G Lamberton	14 Circuit Drive	East Providence	RI	02915

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
Joni Blomstedt	38 John Street	Tiverton	RI	02878

Director Name	Street Address	City	State	Zip
Rochelle Dortin	50 Michael Drive	Cranston	RI	02920

Director Name	Street Address	City	State	Zip
Shirley Harrison	96 Nipmuc Trail	North Providence	RI	02904

Director Name	Street Address	City	State	Zip
Susan Fisher	57 Methyl Street	Providence	RI	02906

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 19 2014
BY 4797

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.

Peter G Lamberton 06-16-2014
Signature of Officer or Authorized Representative Date

PETER G LAMBERTON
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
108397-3-853245

THE PLAYERS - 2014

POSITION	FIRST NAME	LAST NAME	ADDRESS	CITY	STATE	ZIP
Director	Elizabeth	Messier	415 W. Wrentham Road	Cumberland	RI	02864
Director	Daniel	Read	168 Narragansett Parkway	Warwick	RI	02888

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JUN 19 2014
BY 39905