



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. 156844		2. Exact name of the Corporation RHODE ISLAND ENTERTAINMENT ASSOCIATION			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island TO UNDERTAKE AND ADVANCE THE CAUSE OF ENTERTAINMENT ESTBLISHMENTS AND ADVANCE THEIR INTEREST IN PUBLIC OPINION AND LEGISLATIVE MATTERS			
5. Principal office address 365 CHARLES STREET		City PROVIDENCE	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name THOMAS TSOUMAS		Vice-President Name ANDREW NOYES			
Street Address 318 CHALKSTONE AVENUE		Street Address 579 FRONT STREET			
City PROVIDENCE	State RI	Zip 02908	City WOONSOCKET	State RI	Zip 02895
Secretary Name MELISSA ESPOSITO-DEVINE		Treasurer Name RICHARD V. SHAPPY			
Street Address 365 CHARLES STREET		Street Address 365 CHARLES STREET			
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
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 RICHARD V. SHAPPY		Director Name ANDREW NOYES			
Street Address 365 CHARLES STREET		Street Address 579 FRONT STREET			
City PROVIDENCE	State RI	Zip 02904	City WOONSOCKET	State RI	Zip 02895
Director Name GREY LOISELLE		Director Name			
Street Address 55 REDOAK DRIVE		Street Address			
City COVENTRY	State RI	Zip 02816	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

JUL 17 2014

File Date _____

Check No _____

By: BY 228677

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 or Authorized Representative

Date

RICHARD V. SHAPPY

Print or Type Name of Officer or Authorized Representative