



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. 90714		2. Exact name of the Corporation A TO Z THEATRICAL PRODUCTIONS, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO FOSTER, ENCOURAGE AND DEVELOP POPULAR APPRECIATION OF ALL PERFORMING ARTS, TO OWN, LEASE, OPERATE AND MAINTAIN ONE OR MORE WORKSHOPS AND THEATRES			
5. Principal office address 2 SCHOOL STREET, P.O. BOX 182		City ALBION	State RI	Zip 02802	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT ZOLLI		Vice-President Name SUSAN ARUNDALE			
Street Address 2 School Street, P.O. Box 182		Street Address 2 School Street, P.O. Box 182			
City Albion	State RI	Zip 02802	City Albion	State RI	Zip 02802
Secretary Name BJ BJERKE		Treasurer Name SUSAN ARUNDALE			
Street Address 89 Diamond Hill Road		Street Address 2 School Street, P.O. Box 182			
City Warwick	State RI	Zip 02886	City Albion	State RI	Zip 02802
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 JIM TARICANI		Director Name MICHAEL TRAFFICANTE			
Street Address 25 Water Street		Street Address 410 South Main Street			
City East Greenwich	State RI	Zip 02818	City Providence	State RI	Zip 02903
Director Name ANN WALLACE		Director Name			
Street Address P.O. Box 644		Street Address			
City Chatham	State MA	Zip 02659	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 21 2014

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.

File Date _____

Check No _____

By: _____

BY 1011

Signature of Officer or Authorized Representative [Signature] Date 7/2/14

FOR SECRETARY OF STATE USE ONLY

SUSAN ARUNDALE

Print or Type Name of Officer or Authorized Representative