



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000027337

2. Name of Corporation Kaleidoscope Theatre

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 65 FREEDOM DRIVE

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

A PROFESSIONAL TOURING THEATRE COMPANY.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARIANNE DOUGLAS	3 FAIRFIELD ROAD BARRINGTON, RI 02806 USA
DIRECTOR	ROBERT ZANNINI	65 FREEDOM DRIVE CRANSTON, RI 02920
SECT	JOYCE E NERO MRS	43 BROOKWOODDR

		CRANSTON, RI 02920 USA
VICE PRESIDENT	ANTHONY T ZOMPA MR	160 PINE ST PROV, RI 02886 USA
TREASURER	NEIL ARBOR MR	875 CENTERVILLE RD WAR, RI 02886 USA
DIRECTOR	DAVID G PAYTON MR	65 FREEDOM DR CRANSTON, RI 02920 USA
DIRECTOR	ADRIANNA PACHECO	65 FREEDOM DRIVE CRANSTON, RI 02920 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ROBERT ZANNINI 65 FREEDOM DRIVE CRANSTON , RI 02920

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 4 Day of May, 2015 at 10:31:56 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By ROBERT ZANNINI
Signature of Authorized Person

Form No. 631
Revised 09/07

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