



**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

2015  
~~2014~~

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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. <b>130426</b>		2. Exact name of the Corporation <b>Mixed Magic Theatre &amp; Cultural Events</b>	
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Presenter of performing arts events.</b>	
5. Principal office address <b>558 Mineral Spring Avenue #25</b>		City <b>Pawtucket</b>	State <b>RI</b>
		Zip <b>02860</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>Robert Paillington</b>		Vice-President Name <b>Bernadet V. Pitts-Wiley</b>	
Street Address <b>175 Main Street</b>		Street Address <b>714 East Avenue</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>Pawtucket</b>	State <b>RI</b>
Zip <b>02860</b>		Zip <b>02860</b>	
Secretary Name <b>Linda Dewing</b>		Treasurer Name <b>Kevin P. Tracey</b>	
Street Address <b>221 High Street</b>		Street Address <b>100 Westminster Street</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02860</b>		Zip <b>02903</b>	
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 <b>William Hunt Sr.</b>		Director Name <b>Morris Nathanson</b>	
Street Address <b>376 Newport Avenue</b>		Street Address <b>163 Exchange Street</b>	
City <b>East Providence</b>	State <b>RI</b>	City <b>Pawtucket</b>	State <b>RI</b>
Zip <b>02916</b>		Zip <b>02860</b>	
Director Name <b>Ricardo Pitts-Wiley</b>		Director Name	
Street Address <b>714 East Avenue</b>		Street Address	
City <b>Pawtucket</b>	State <b>RI</b>	City	State
Zip <b>02860</b>			
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 \_\_\_\_\_

**FILED C**

Check No \_\_\_\_\_

**JUN 01 2015 1:18**

By: \_\_\_\_\_

**BY**

**249945**

FOR SECRETARY OF STATE USE ONLY

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.

**Bernadet V. Pitts-Wiley** 5/26/15  
Signature of Officer or Authorized Representative Date

**Bernadet V. Pitts-Wiley**  
Print or Type Name of Officer or Authorized Representative