RI SOS Filing Number: 201564193300 Date: 07/02/2015 11:44 AM

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. 000158375

2. Name of Corporation The Cornerstone Playhouse

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 569
City or Town: NARRAGANSETT State: RI Zip: 02882 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

THE PROMOTION OF THE PERFORMING ARTS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
SECRETARY	GLENDA GRANT MRS	PO BOX 569 NARRAGANSETT, RI 02882 USA
PRESIDENT	MARGARET S FRADETTE	110 GIBSON AVENUE NARRAGANSETT, RI 02882- USA
VP	GERALD MOSHELL	5 WOODVIEW DRIVE

0-6010-0

		LEDYARD, CT 06339 USA
DIRECTOR	JOSEPH PARILLO	67 GREENWOOD RD. NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JONPAUL RAINVILLE MR.	152 OLD MOUNTAIN TRAIL WEST KINGSTON, RI 02892 USA
DIRECTOR	DAVID DILULLO MR.	500 ANGEL ST PROVIDENCE, RI 02906 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

MARGARET S. FRADETTE 110 GIBSON AVENUE NARRAGANSETT , RI 02882

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

Signed this 2 Day of July, 2015 at 11:47:36 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 MARGARET S. FRADETTE
Signature of Authorized Person

Form No. 631
Revised 09/07