



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.** 000485652

**2. Name of Corporation** Swamp Meadow Community Theatre, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 59 A BALCOM RD,  
P.O. BOX 213

City or Town: FOSTER

State: RI

Zip: 02825

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**

COMMUNITY THEATRE, PLAYS, WORKSHOPS AND CLASSES (501(C)(3))

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	BOB HOLLIS	59A BALCOM ROAD FOSTER, RI 02852 USA
TREASURER	LAURA GIORGIANNI	804 WHALEY HOLLOW ROAD COVENTRY, RI 02816 USA

SECRETARY	KAILA RUBIN	264 PICKETT ROAD PLAINFIELD, CT 06374 USA
VICE PRESIDENT	CHRIS BROSTRUP-JENSEN	24 MILL ROAD FOSTER, RI 02825 USA
DIRECTOR	BOB HOLLIS	59A BALCOM ROAD FOSTER, RI 02825 USA
DIRECTOR	CHRIS BROSTRUP-JENSEN	24 MILL ROAD FOSTER, RI 02825 USA
DIRECTOR	KAILA RUBIN	264 PICKETT ROAD PLAINFIELD, CT 02825 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**

LAURIE MURPHY 59A BALCOM ROAD P.O. BOX 213 FOSTER , RI 02825

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

**Signed this 3 Day of December, 2015 at 11:52:15 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 LAURA GIORGIANNI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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