



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 2015

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. 000960546		2. Exact name of the Corporation Radioactive Theatre Company			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Theatre group who produces plays locally			
5. Principal office address 61 Bakewell Court			City Cranston	State RI	Zip 02921
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Stephen Nani			Vice-President Name		
Street Address 61 Bakewell Ct			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 David McCloud			Director Name Shannon McCloud		
Street Address 21 Lombardi Lane			Street Address 21 Lombardi Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Stephen Nani			Director Name		
Street Address 61 Bakewell Court			Street Address		
City Cranston	State RI	Zip 02921	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.					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 FEB 24 AM 9:52

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

File Date _____
 Check No _____
 By: _____

FILED

FEB 24 2016

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.

Stephen R Nani
 Signature of Officer or Authorized Representative Date 2/24/16

Stephen R NANI
 Print or Type Name of Officer or Authorized Representative

By 210840
A.A. 9:53 A.M.

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