



**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: 2016

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 ROAD
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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address 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 25 Day of June, 2016 at 8:43:38 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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