



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Division Of Business Services
 148 W. River Street
 Providence RI 02904-2615
 (401) 222-3040

Fee: \$50.00

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Business Corporation
 Annual Report
 01/03/2017 10:58:11 AM



ANNUAL REPORT YEAR: 2017			
1. Corporate ID No. <u>000032521</u>			
2. Name of Corporation <u>PLAYWRIGHT PRODUCTIONS, INC.</u>			
3. Street Address Principal Business Office: No. and Street: <u>37 WESTMINSTER STREET</u>			
City or Town: <u>WESTERLY</u>	State: <u>RI</u>	Zip: <u>02891</u>	Country: <u>USA</u>
4. Business Phone No. <u>401-348-0555</u>			
5. State of Incorporation State: <u>RI</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
Arts, Entertainment, and Recreation			71
6. Brief Description of the Character of Business Conducted in Rhode Island <u>PRODUCING PLAYS</u>			
<p>FILED JAN 06 2017 BY <u>3069DS</u></p>			
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Incorporator is no longer applicable; please delete.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
	PRESIDENT	DAVID S JEPSON	37 WESTMINSTER STREET WESTERLY, RI 02891- USA

Select From Below ▼ Title:

First Name: Same Middle Name: Last Name: Suffix:
 Address: City: State: Zip: Country:

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0000	600.00	600.00

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.

Select all that apply) - Does the business owner self-identify as any of the following:

- Woman
- Veteran
- Disabled

Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

How many full time employees does the business have:

- 0-5
- 6-50
- 51-200
- 201-500
- Over 500

What are the gross revenues for the business for the past year:

- \$0 - \$50,000
- \$51,000 - \$250,000
- \$251,000 - \$500,000
- \$501,000 - \$1,000,000
- Over \$1,000,000

FILED

JAN 06 2017

BY 32521

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: David S. Jepson

Business Name:

Handwritten initials and number 32521

Playwright Productions, Inc.

No. and Street: - Same Address as -

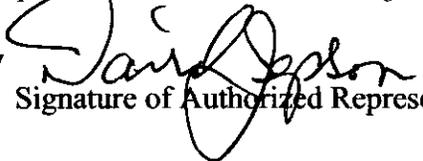
City or Town: State: Zip: Country:

Contact Phone: ext:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 3 Day of January, 2017 at 3:40:18 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By 
Signature of Authorized Representative of the Corporation

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of

Accept Decline

[Click HERE to Submit This Information](#)

Form No. 630
Revised 09/07

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JAN 06 2017
BY 3669 DS
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