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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 _ OO |

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAI	LURE TO FILE THIS R	REPORT BY J	ULY 30 WILL RESULT IN A \$2	5.00 PENALTY F	EE.
1. Entity ID No.	2. Exact name of the Co				
130426	Mixed M.	Marin T.	heatre & Mult	Wal E	- uenste
3. State of Incorporation	4. Brief description of the	e character of bu	usiness conducted in Rhode Island	mar El	
Chode Istand	Presenter	of De	wterming are	s even	ete.
5. Principal office address	1 Spring A		City Days City	State	Zip
6. LIST ALL OFFICERS (NAME	S AND ADDRESSES) (")	(" BOX FOR AT	I FUUTURET	14	02860
President Name	d Rill.	1/4	Vice-President Name	1011	1 1 1
Street Address	(EPS) IIIng	HUN	Bernadet	Pits-	Vilen
City 0 /75 //	Pain Style	生	Street Address 114 East Av	enve	
Secretary Name	State RI Zip	2860	Pawficket	State PT	Zip 02.860
I maa .	Denina		Treasurer Name	P Times	210
Street Address	151		Street Address	i oi	
City City	State Zip		City O WOSTMINS	ter Stee	et St 1050
Pawtuket	RID	7860	Vallidonce	State	12002
7. LIST <u>ALL</u> DIRECTORS (NAMI ("X" BOX FOR ATTACHMENT	ES AND ADDRESSES). R	RHODE ISLAND	CORPORATIONS MUST LIST N	O LESS THAN THE	REE (3) DIRECTORS
Director Name	: a s/L . 1	<	Director Name Wassacc	16.11	<u> </u>
Street Address	r/ munt	<u> </u>	Street Address	Nathar	150n
_ 376 New	port Aven	ve_	162 FAM	hance	Street
East Providence	State Zip O	2916	City Paustucket	State	Zip 22 860
Director Name Picardo	PiHz-11/1	en en	Director Name		R
Street Address 7/4 Fp cd	- Alexan	1	Street Address	AR	- B.
City D	State Zip		City	State 2	<u>∞</u>
Pautucket	RIO	2860			
8. REGISTERED AGENT IN RHO				3	<u> </u>
This report must be signed by either	ecord in the Office of the	e Secretary of	State. Changes require filing For	m 641.	
or Trustee	r and r residerit, vice-Pres	aueru, Secretary	, Assistant Secretary, Treasurer, du	lly Authorized Repre	esentative, Receiver
	·		Under penalty of perjury, I dec	lare and affirm tha	t I have examined
File Date	— FILE	n	this report, including any acco	ompanying schedu	les and statements
Check No	- I I i i i i i i i i i i i i i i i i i		and that all statements contain	ned herein are true	and correct.
Ву:	MAR 22	2017	Signature of Officer or Authorize	littelle	Cey 3/20/201
FOR SECRETARY OF STATE U	SE ONLY 1496	21638	Borns lot	nepresentative	U Date /
orm No. 631 evised: 04/2014	A.A. 4'	DED IN	Print or Type Name of Officer or	Authorized Represe	ntative