



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 2016

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. <u>130 426</u>		2. Exact name of the Corporation <u>Mixed Magic Theatre & Cultural Events</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Presenter of performing arts events.</u>	
5. Principal office address <u>558 Mineral Spring Avenue</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Robert Billington</u>		Vice-President Name <u>Bernadette V. Pitts-Wiley</u>	
Street Address <u>175 Main Street</u>		Street Address <u>714 East Avenue</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Secretary Name <u>Linda Dewing</u>		Treasurer Name <u>Kevin P. Tracey</u>	
Street Address <u>221 High Street</u>		Street Address <u>100 Westminister Street Ste 1050</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02903</u>	
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 <u>William Hunt Sr.</u>		Director Name <u>Morris Nathanson</u>	
Street Address <u>376 Newport Avenue</u>		Street Address <u>163 Exchange Street</u>	
City <u>East Providence</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02916</u>		Zip <u>02860</u>	
Director Name <u>Ricardo Pitts-Wiley</u>		Director Name	
Street Address <u>714 East Avenue</u>		Street Address	
City <u>Pawtucket</u>	State <u>RI</u>	City	State
Zip <u>02860</u>			
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.

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 22 2017

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.

Bernadette V. Pitts-Wiley 3/20/2017
 Signature of Officer or Authorized Representative Date

Bernadette V. Pitts-Wiley
 Print or Type Name of Officer or Authorized Representative

BY C14921638
A.A. 4:27 pm.

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 BUS SVCS DIV
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