



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 26786		2. Exact name of the Corporation Improvise !												
3. Principal Office Address P O Box 2473			City Providence	State RI	Zip 02906									
4. NAICS Code 71 - Arts, Entertainment, and R		6. Brief description of the character of business conducted in Rhode Island to promote creative drama												
5. State of Incorporation RI														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
President Name Joseph Curran			Vice-President Name											
Street Address 232 Taber Avenue			Street Address											
City Providence	State RI	Zip 02906	City	State	Zip									
Secretary Name			Treasurer Name Barbara J. Riter											
Street Address			Street Address 133 Dexterdaled Road											
City	State	Zip	City Providence	State RI	Zip 02906									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
Director Name Naida Weisberg			Director Name Diane Howley											
Street Address 48 Barberry Hill			Street Address 139 Dexterdaled Road											
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906									
Director Name Joseph Curran			Director Name Barbara J. Riter											
Street Address 232 Taber Avenue			Street Address 133 Dexterdaled Road											
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906									
9. Shares Authorized		10. Shares Issued												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>none</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	none					
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
none														
11. 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.														
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.														
Name of Authorized Representative Barbara J. Riter, treasurer				Date May 30, 2017										
Signature of Authorized Representative <i>[Signature]</i>														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED**JUN 01 2017**BY 2280

FORM 630 - Revised: 02/2017