



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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1. Entity ID Number 29905		2. Exact name of the Corporation The Players	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Development, enhancement, production and promotion of the arts within Rhode Island	
4. NAICS Code 711310			
6. Principal Office Address 400 Benefit Street		City Providence	State RI Zip 02903
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Elizabeth Messier		Vice-President Name Joan Dillenback	
Street Address 415 West Wrentham Road		Street Address 72 Pershing Street	
City Cumberland	State RI	City Cranston	State RI
Zip 02864		Zip 02910	
Secretary Name Jan Grant		Treasurer Name Peter G Lambertson	
Street Address 33 Roberts Court		Street Address 14 Circuit Drive	
City Kingston	State RI	City East Providence	State RI
Zip 02881		Zip 02915	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Amanda O'Bannon		Director Name Lori Moniz Burr	
Street Address 166 Valley St., Apt 6A 309		Street Address 140 Walnut Street	
City Providence	State RI	City East Providence	State RI
Zip 02909		Zip 02914	
Director Name Ed Rondeau		Director Name John Bergmark	
Street Address 262 Norwood Avenue		Street Address 86 Windward Lane	
City Cranston	State RI	City Bristol	State RI
Zip 02905		Zip 02809	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Peter G Lambertson / Treasurer			Date 6-20-2017
Signature of Officer/Authorized Representative <i>Peter G Lambertson, Treasurer</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

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JUN 27 2017

BY 5640

Name	Address	Time		Contributions to Employee Benefit Plans	Expense Account and Other Allowances
		Devoted to Position	Compensation		
Whitney Cumme	283 Kenyon Avenue, Wakefield, RI 02879	As required	None	None	None
Michael Pugliese	12 Central St., Apt. 3A, Warwick, RI 02886	As required	None	None	None