



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

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. 796320		2. Exact name of the Corporation Town Entertainment, Inc.	
3. State of incorporation RI		4. Brief description of the character of business conducted in Rhode Island Non-profit entertainment/theater company	
5. Principal office address 184 Montgomery St.		City Tiverton	State RI Zip 02878
• LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Cheryl Whittier		Vice-President Name Renée Rioux	
Street Address 184 Montgomery St		Street Address 130 Mouse Mill Road	
City Tiverton	State RI	City Westport	State MA Zip 02790
Secretary Name Debby Banville Gordon		Treasurer Name Judy Wilkinson	
Street Address 22 Demornville Lane		Street Address 247 Sandy Pond	
City N. Dartmouth	State MA	City Tiverton	State RI Zip 02878
• 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 Laura Paquette		Director Name Kelly Lynn Chasse	
Street Address 1190-2S Plymouth Avenue		Street Address 130 Canal St. Ships Cove Apt #410	
City Fall River	State MA	City Fall River	State MA Zip 02721
Director Name Tyler Ewart		Director Name Maureen (Moe) Noel	
Street Address 273 Sprague Street		Street Address 26 Burr Avenue	
City Fall River	State MA	City Barrington	State RI Zip 02806
• 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, Receiver or Trustee

File Date _____

Check No _____

By: _____

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.

Cheryl Whittier 6/30/17
 Signature of Officer Date

Cheryl Whittier
 Print or Type Name of Officer

President
 Title of Officer

FILED

JUL 13 2017

BY **508 DS**