



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.

1. Entity ID Number 960546		2. Exact name of the Corporation RADIOACTIVE THEATRE COMPANY			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Theatre group that stages plays			
4. NAICS Code 71111					
6. Principal Office Address 71 PINE RIDGE DRIVE		City CRANSTON	State RI	Zip 02921	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen Nawi			Vice-President Name SHANNON McLOVO		
Street Address 71 PINE RIDGE DRIVE			Street Address 21 Lombardi Lane		
City CRANSTON	State RI	Zip 02921	City West Warwick	State RI	Zip 02893
Secretary Name			Treasurer Name DAVE McLOVO		
Street Address			Street Address 21 Lombardi Lane		
City	State	Zip	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen Nawi			Director Name SHANNON McLOVO		
Street Address 71 PINE RIDGE DRIVE			Street Address 21 Lombardi Lane		
City Cranston	State RI	Zip 02921	City West Warwick	State RI	Zip 02893
Director Name DAVE McLOVO			Director Name		
Street Address 21 Lombardi Lane			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
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 Stephen Nawi					Date 7-26-17
Signature of Officer/Authorized Representative 					

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

JUL 28 2017

BY 3004

FORM 631 - Revised: 05/2017