



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 001676585

**2. Name of Corporation** Operation Magic Touch

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813319

**4. Corporate Address in Rhode Island**

No. and Street: 83 KILVERT STREET

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO RAISE AWARENESS OF POST-TRAUMATIC STRESS DISORDER (PTSD) BY  
PROVIDING ENTERTAINMENT EVENTS TO UNITED STATES MILITARY VETERANS AND  
THEIR FAMILIES USING THE MAGICAL ARTS AND ILLUSIONS. THESE UNIQUE SHOWS  
WILL HONOR VETERANS WHO MAY SUFFER FROM PTSD BY PROVIDING A SAFE AND  
FUN ENVIRONMENT WITHOUT UTILIZING TRADITIONAL STAGE METHODS WHICH  
MAY  
TRIGGER PTSD. OPERATION MAGIC TOUCH IS COMMITTED TO PERFORMING IN

LOCAL

AND REGIONAL VENUES, IN FRONT OF SMALL AND LARGE AUDIENCES, AND TO  
DONATE A PORTION OF THE FUNDS RAISED TO VETERANS'CAUSES.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title  
Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.  
7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	JENNIFER A. MINUTO	169 BLUFF AVENUE CRANSTON, RI 02905 USA
DIRECTOR	JASON MOREL	83 KILVERT STREET WARWICK, RI 02886 USA
DIRECTOR	TIM BRICCO	730 RICH SMITH DRIVE, APT. 302 MOUNTAIN HOME, AR 72653 USA
DIRECTOR	CAROL FINEGAN	721 WESTMINSTER STREET PROVIDENCE, RI 02903 USA
DIRECTOR	MICHELLE ARCHAMBAULT	44 REYNOLDS AVENUE WARWICK, RI 02889 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JENNIFER A. MINUTO, ESQ. 169 BLUFF AVENUE CRANSTON , RI 02905

**9. This report must be signed by either the President, Vice President, Secretary, Assistant  
Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 11 Day of June, 2018 at 9:42:50 AM by the authorized person. *This electronic  
signature of the individual or individuals signing this instrument constitutes the affirmation or  
acknowledgement of the signatory, under penalties of perjury, that this instrument is that  
individual's act and deed or the act and deed of the company, and that the facts stated herein are  
true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By JENNIFER A. MINUTO, ESQ.  
Signature of Authorized Person

Form No. 631  
Revised 09/07