State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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	2. Exact name of the Corporation
27337	Kaleidoscope Theatre Inc
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Present plays
4. NAICS Code: 711110	

6. Principal Office Address	City	State	Zip
65 Freedom Drive	Cranston	RI	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Marianne Douglas			Vice-President Name: Joye Nero		
Street Address: 3 Fairfield Rd			Street Address: 241 Lake Dr		
City: Barrington	State: RI	Zip: 02806	City: W Greenwich	State: RI	Zip: 02817
Secretary Name: Joan Plazizk			Treasurer Name: Angela Zannini		
Street Address: 3 Nuptunk Rd			Street Address: 1601 Phenix ave		
City: N Prov.	State: RI	Zip: 02820	City: Cranston	State: RI	Zip: 02921

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Robert A. Zannini			Director Name: David Payton		
Street Address: 65 Freedom Dr			Street Address: 65 Freedom Dr		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Director Name:			Director Name: Paul Morin		
Street Address:			Street Address: Park Ave		
City:	State:	Zip:	City: Cranston	State: RI	Zip: 02922

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: Marianne Douglas

Date: 6/10/18

Signature of Officer/Authorized Representative: Marianne Douglas SIGN DOCUMENT HERE

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 13 2018
BY 1517

FORM 631 - Revised: 11/2017

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