RI SOS Filing Number: 201872578130 Date: 7/18/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

nual Report for the year: 2018

on-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
196320	Town Entertainment, Inc.
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Non-profit entertainment / theater writers performers
4. NAICS Code	
711510	

6. Principal Office Address	City	State	Zip
184 Montgomery Street	Tiverton	RI	02878

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

President Name	Cheryl Whittier	Vice-President Name	Renee Rioux
Street Address	184 Montgomery St.	Street Address	130 Mouse Mill Road
City / State / Zip	Tiverton / RI / 02878	City / State / Zip	Westport / MA / 02790
Secretary Name	Debby Banville Gordon	Treasurer Name	Judy Wilkinson
Street Address	22 Demoranville Lane	Street Address	247 Sawdy Pond
City / State / Zip	North Dartmouth / MA / 02747	City / State / Zip	Tiverton / RI / 02878

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

Director Name	Laura Paquette	Director Name	Kelly Lynn Chasse
Street Address	3104 Ohio Avenue	Street Address	130 Canal St/Ships Cove Apt. 410
City / State / Zip	Dickinson / TX / 77539	City / State / Zip	Fall River / MA / 02721
Director Name	none	Director Name	Maureen (Moe) Noel
Street Address	n/a	Street Address	26 Burr Street
City / State / Zip	n/a / n/a / n/a	City / State / Zip	Barrington / RI / 02806

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	Date
Cheryl Whittier	5/26/18

Signature of Officer/Authorized Representative: Cheryl Whittier

FILED

JUL 18 2018

BY 509 RS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017