

State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

Annual Report for the year:

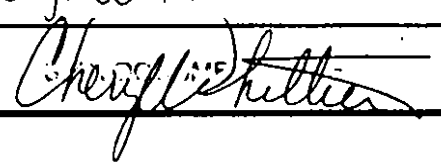
Non-Profit Corporation

2018

→ 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 796320		2. Exact name of the Corporation Town Entertainment, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-profit entertainment / theater writers performers	
4. NAICS Code 711510			
6. Principal Office Address 184 Montgomery Street		City Tiverton	State RI Zip 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 Tiverton	State RI Zip 02878	City Westport	State MA Zip 02790
Secretary Name Debby Banville Gordon		Treasurer Name Judy Wilkinson	
Street Address 22 Demoranville Lane		Street Address 247 Sawdy Pond	
City North Dartmouth	State MA Zip 02747	City Tiverton	State RI Zip 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 Dickinson	State TX Zip 77539	City Fall River	State MA Zip 02721
Director Name none		Director Name Maureen (Moe) Noel	
Street Address n/a		Street Address 26 Burr Street	
City n/a	State n/a Zip n/a	City Barrington	State RI Zip 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 Cheryl Whittier		Date 5/26/18	
Signature of Officer/Authorized Representative 			

FILED

JUL 18 2018

BY

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FORM 631 - Revised: 11/2017