



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 26016		2. Name of Corporation THE ACADEMY PLAYERS			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address P.O. Box 282		City East Greenwich	Zip 02818
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island COMMUNITY THEATER GROUP					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul Loumena			Vice President Name Neil Santoro		
Street Address 10 Virginia Ave			Street Address 135 Glenwood		
City East Greenwich	State <del>RI</del> RI	Zip 02818	City Providence	State RI	Zip 02860
Secretary Name Stephanie Travers			Treasurer Name Janet Prichard		
Street Address 9 Raymond Drive			Street Address 3 Indigo Farm Rd		
City Narragansett	State RI	Zip 02882	City Harrisville	State RI	Zip 02830
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Tony Annicone			Director Name Rich Casey		
Street Address 16 North Benson			Street Address Admiralty Park West Apt E		
City Warwick	State RI	Zip 02886	City Middletown	State RI	Zip 02842
Director Name Jackie Granga			Director Name Stephen DeCesare		
Street Address 39 Stiness Dr.			Street Address 66 N. Willbourn St		
City Warwick	State RI	Zip 02818	City Johnston	State RI	Zip 02919
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name PAUL LOUMERA LOUMENA			Address		
Address 10 VIRGINIA AVENUE			City EAST GREENWICH	Zip 02818.	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



26016

File Date 5-27-05  
Check No. 2720  
By: DW  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 5/26/05  
Print or Type Name of Officer Paul Loumena  
Title of Officer President



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>26016</u>		2. Name of Corporation <u>Academy Players</u>			
3. State of Incorporation <u>RI</u>		4. Corporate address in Rhode Island - Street Address <u>PO Box 282</u>		City <u>East Greenwich</u>	Zip <u>02818</u>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Community theater group</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Paul Loumeau</u>			Vice President Name <u>Neil Sanford</u>		
Street Address <u>10 Virginia Avenue</u>			Street Address <u>135 Glenwood Ave.</u>		
City <u>East Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02860</u>
Secretary Name <u>Stephanie Traversa</u>			Treasurer Name <u>Janed Prichard</u>		
Street Address <u>9 Raymond Drive</u>			Street Address <u>9 Indigo Farm Rd</u>		
City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>Harrisville</u>	State <u>R2</u>	Zip <u>02830</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <u>Jackie Granig</u>			Director Name <u>George Reed</u>		
Street Address <u>39 Stiness Dr.</u>			Street Address <u>49 Ma.borough</u>		
City <u>Wewick</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>East Greenwich</u>	State <u>R2</u>	Zip <u>02818</u>
Director Name <u>Rich Casey</u>			Director Name <u>Dennis Pauliot</u>		
Street Address <u>Admiralty Drive West Apt E</u>			Street Address <u>5555 Post Road #2</u>		
City <u>Middletown</u>	State <u>R2</u>	Zip <u>02842</u>	City <u>East Greenwich</u>	State <u>R2</u>	Zip <u>02818</u>
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <u>JEFFREY S. ...</u>			Address		
Address			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

APR 01 2005

By AMF  
61983

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.

Signature of Officer Paul Loumeau Date 3/28/05

Print or Type Name of Officer  
President

Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>26016</b>		2. Name of Corporation <b>Academy Players</b>			
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>PO Box 282</b>		City <b>East Greenwich</b>	Zip <b>02818</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>Community theater group</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS! ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Anthony Pichard</b>			Vice President Name <b>Paul Loumen</b>		
Street Address <b>Same as corporation</b>			Street Address <b>10 Virginia Ave</b>		
City	State	Zip	City	State	Zip
			<b>East Greenwich</b>	<b>RI</b>	<b>02818</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>Alexandre Lorraine</b>			Director Name <b>Jeanne MacCarone</b>		
Street Address <b>10 Virginia Ave</b>			Street Address		
City	State	Zip	City	State	Zip
<b>East Greenwich</b>	<b>RI</b>	<b>02818</b>			
Director Name <b>Anthony Pichard</b>			Director Name <b>Paul Loumen</b>		
Street Address <b>Same as corporation</b>			Street Address <b>10 Virginia Ave</b>		
City	State	Zip	City	State	Zip
			<b>East Greenwich</b>	<b>RI</b>	<b>02818</b>
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <b>N/A</b>			Address		
Address			City	State	Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
05 APR + 1 AM 11:51

File Date: \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**  
**APR 01 2005**  
By **AME**  
**61983**

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.

Signature of Officer: **[Signature]** Date: **3/28/05**  
Print or Type Name of Officer: **Paul Loumen**  
Title of Officer: **President**



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <u>26616</u>		2. Name of Corporation <u>Academy Players</u>			
3. State of Incorporation <u>RI</u>		4. Corporate address in Rhode Island - Street Address <u>PO Box 282</u>		City <u>West Greenwich</u>	Zip <u>02818</u>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Community theater group</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Anthony Prichard</u>			Vice President Name <u>Robert Anderson</u>		
Street Address <u>Same as corporation</u>			Street Address <u>Same as corporation</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <u>Bruce Hammond</u>			Director Name <u>Elizabeth Feeney</u>		
Street Address <u>Same as corporation</u>			Street Address <u>Same as corporation</u>		
City	State	Zip	City	State	Zip
Director Name <u>Anthony Prichard</u>			Director Name <u>Robert Anderson</u>		
Street Address <u>Same as corporation</u>			Street Address <u>Same as corporation</u>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <u>N/A</u>			Address		
Address			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
05 APR - 1 AM 11:51

**FILED**

APR 01 2005  
By AMF  
61983

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2001

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>26016</u>		2. Name of Corporation <u>Academy Players</u>			
3. State of Incorporation <u>RI</u>		4. Corporate address in Rhode Island - Street Address <u>PO Box 282</u>		City <u>East Greenwich</u>	Zip <u>02818</u>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Community theater group</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Anthony Prichard</u>			Vice President Name <u>Robert Anderson</u>		
Street Address <u>Same as corporation</u>			Street Address <u>Same as corporation</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <u>Bruce Hammon</u>			Director Name <u>Elizabeth Feeney</u>		
Street Address <u>Same as corporation</u>			Street Address <u>Same as corporation</u>		
City	State	Zip	City	State	Zip
Director Name <u>Anthony Prichard</u>			Director Name <u>Robert Anderson</u>		
Street Address <u>Same as corporation</u>			Street Address <u>Same as corporation</u>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <u>N/A</u>			Address		
Address			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

APR 01 2005

By AME  
61983

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.

Signature of officer [Signature] Date 3/28/05

Print or Type Name of Officer Paul Loumeau

Title of Officer President

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2000

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>26016</u>		2. Name of Corporation <u>Academy Players</u>			
3. State of Incorporation <u>RI</u>		4. Corporate address in Rhode Island - Street Address <u>PO Box 282</u>		City <u>East Greenwich</u>	Zip <u>02818</u>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Community theater group</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Michael Farrelly</u>			Vice President Name <u>Maureen Noel</u>		
Street Address <u>Same as corporation</u>			Street Address <u>Same as corporation</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <b>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>					
Director Name <u>Betty Nolan</u>			Director Name <u>Carol Allen</u>		
Street Address <u>Same as comp.</u>			Street Address <u>Same as comp.</u>		
City	State	Zip	City	State	Zip
Director Name <u>Michael Farrelly</u>			Director Name <u>Maureen Noel</u>		
Street Address <u>Same as comp.</u>			Street Address <u>Same as comp.</u>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <u>N/A</u>			Address		
Address			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

APR 01 2005

By AMF

6/19/83

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.

Signature of Officer

[Signature]

3/26/05  
Date

Print or Type Name of Officer

Paul Lummie

Title of Officer

President

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



1999

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 26016		2. Name of Corporation Academy Players			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address PO Box 282		City East Greenwich	Zip 02816
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Community Health Group					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Zole			Vice President Name Carol Allen		
Street Address Same as corp			Street Address Same as corp		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Betty Nolan			Director Name Joann Pelletier		
Street Address Same as corp			Street Address Same as corp		
City	State	Zip	City	State	Zip
Director Name Michael Zole			Director Name Carol Allen		
Street Address Same as corp			Street Address Same as corp		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name N/A			Address		
Address			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

APR 01 2005  
By AMME  
61983

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.

Signature of Officer Paul Loume Date 3/28/05  
Print or Type Name of Officer Paul Loume  
Title of Officer President

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1998

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>26016</u>		2. Name of Corporation <u>Academy Players</u>			
3. State of Incorporation <u>R.I.</u>		4. Corporate address in Rhode Island - Street Address <u>PO Box 282</u>		City <u>Providence, RI</u>	Zip <u>02818</u>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Community Theatre Group</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Michael Zola</u>			Vice President Name <u>Cool Allen</u>		
Street Address <u>Same as corp.</u>			Street Address <u>Same as corp.</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <u>Bridget Nulan</u>			Director Name <u>Jo Ann Pelletier</u>		
Street Address <u>Same as corp.</u>			Street Address <u>Same as corp.</u>		
City	State	Zip	City	State	Zip
Director Name <u>Michael Zola</u>			Director Name <u>Jo Ann Pelletier</u>		
Street Address <u>Same as corp.</u>			Street Address <u>Same as corp.</u>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <u>Michael Zola</u>			Address		
Address			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**  
APR 01 2005  
By AME  
61983

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.

Paul Loumeau 3/28/05  
Signature of officer Date  
Print or Type Name of Officer  
President  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1997

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <u>26016</u>		2. Name of Corporation <u>Academy Players</u>			
3. State of Incorporation <u>RI</u>		4. Corporate address in Rhode Island - Street Address <u>PO Box 282</u>		City <u>East Greenwich</u>	Zip <u>02818</u>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Community flexu group</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Jean MacMillan</u>			Vice President Name <u>Michael Zola</u>		
Street Address <u>Same as corp</u>			Street Address <u>Same as corp</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <u>Carol Allen</u>			Director Name <u>Betty Nolan</u>		
Street Address <u>Same as corp</u>			Street Address <u>Same as corp</u>		
City	State	Zip	City	State	Zip
Director Name <u>Jane MacMillan</u>			Director Name <u>Michael Zola</u>		
Street Address <u>Same as corp</u>			Street Address <u>Same as corp</u>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <u>STATE SECRETARY OF CORPORATION DIVISION</u>			Address		
Address <u>111 STATE SECRETARY OF CORPORATION DIVISION AM 1/5</u>			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

05 APR 2005  
SECRETARY OF CORPORATION DIVISION

**FILED**

APR 01 2005

By AME  
61983

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.

Signature of Officer [Signature] Date 3/29/05

Print or Type Name of Officer  
President

Title of Officer

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1994

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>26016</u>		2. Name of Corporation <u>Academy Players</u>			
3. State of Incorporation <u>RI</u>		4. Corporate address in Rhode Island - Street Address <u>PO Box 282</u>		City <u>East Greenwich</u>	Zip <u>02818</u>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Community theater group</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Jean MacMillan</u>			Vice President Name <u>Judy Zabrowski</u>		
Street Address <u>Same as corp</u>			Street Address <u>Same as corp</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <u>Carol Allen</u>			Director Name <u>Michael Zola</u>		
Street Address <u>Same as Corp.</u>			Street Address <u>Same as Corp.</u>		
City	State	Zip	City	State	Zip
Director Name <u>Jean MacMillan</u>			Director Name <u>Judy Zabrowski</u>		
Street Address <u>Same as Corp.</u>			Street Address <u>Same as Corp.</u>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <u>N/A</u>			Address		
Address <u>RI</u>			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

RECEIVED  
STATE  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
05 APR 1 1995

**FILED**

APR 01 2005  
B: AME  
61983

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.

Signature of Officer: [Signature] Date: 3/28/05

Print or Type Name of Officer: Paul Loung

Title of Officer: President

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1995

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>26016</u>		2. Name of Corporation <u>Academy Players</u>			
3. State of Incorporation <u>R2</u>		4. Corporate address in Rhode Island - Street Address <u>PO Box 282</u>		City <u>East Greenwich</u>	Zip <u>02818</u>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Community theatre</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Jean MacMillan</u>			Vice President Name <u>Judy Zebrowski</u>		
Street Address <u>Same as corp</u>			Street Address <u>Same as Corp</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <u>Cerri Andetta</u>			Director Name <u>Carol Allen</u>		
Street Address <u>Same as Corp</u>			Street Address <u>Same as Corp</u>		
City	State	Zip	City	State	Zip
Director Name <u>Jean MacMillan</u>			Director Name <u>Judy Zebrowski</u>		
Street Address <u>Same as Corp</u>			Street Address <u>Same as Corp</u>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <u>AR/A</u>			Address		
Address <u>054712</u>			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

APR 01 2005

BY AME  
6/19/83

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.

Signature of Officer [Signature] Date 3/28/05

Print or Type Name of Officer Jean Loumen

Title of Officer President

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1994

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>26016</u>		2. Name of Corporation <u>Academy Players</u>			
3. State of Incorporation <u>R2</u>		4. Corporate address in Rhode Island - Street Address <u>Po Box 282</u>		City <u>East Greenwich</u>	Zip <u>02816</u>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Community Theater Group</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Jean MacMillan</u>			Vice President Name <u>Judy Zabrowski</u>		
Street Address <u>Same as Corp</u>			Street Address <u>Same as Corp</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <u>Geri Audette</u>			Director Name <u>Carol Allen</u>		
Street Address <u>Same as Corp</u>			Street Address <u>Same as Corp</u>		
City	State	Zip	City	State	Zip
Director Name <u>Jean MacMillan</u>			Director Name <u>Judy Zabrowski</u>		
Street Address <u>Same as Corp</u>			Street Address <u>Same as Corp</u>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <u>AS/A</u>			Address		
Address <u>SECRETARY OF STATE CORPORATIONS DIV 151</u>			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

SECRETARY OF STATE  
CORPORATIONS DIV  
151  
05 APR -

**FILED**

APR 01 2005

By AME  
61983

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.

Signature of Officer [Signature] Date 3/26/05

Print or Type Name of Officer Jean MacMillan

Title of Officer President

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1993

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>26016</u>		2. Name of Corporation <u>Academy Players</u>			
3. State of Incorporation <u>RI</u>		4. Corporate address in Rhode Island - Street Address <u>Po Box 282</u>		City <u>East Greenwich</u>	Zip <u>02818</u>
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Community theater group</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Mary Ann Regue</u>			Vice President Name <u>Jean Mac Millan</u>		
Street Address <u>Same as corp.</u>			Street Address <u>Same as corp.</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <u>Judy Zaboruski</u>			Director Name <u>Geri Andretti</u>		
Street Address <u>Same as corp.</u>			Street Address <u>Same as Corp.</u>		
City	State	Zip	City	State	Zip
Director Name <u>Mary Ann Regue</u>			Director Name <u>Jean Mac Millan</u>		
Street Address <u>Same as corp.</u>			Street Address <u>Same as corp.</u>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <u>OSAKA</u>			Address		
Address			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

APR 01 2005

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.

By AME  
6/19/83

Paul Loumore  
Signature of Officer  
3/28/05  
Date

Paul Loumore  
Print or Type Name of Officer

President  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

1992

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 26016		2. Name of Corporation Academy Players			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address PO Box 282		City East Greenwich	Zip 02818
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Community theater group					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mary Ann Van Regen			Vice President Name Jean MacMillan		
Street Address Same as Corp			Street Address Same as Corp		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Judy Zaborovskis			Director Name Geri Anzick		
Street Address Same as Corp.			Street Address Same as Corp.		
City	State	Zip	City	State	Zip
Director Name Mary Ann Van Regen			Director Name Jean MacMillan		
Street Address Same as Corp			Street Address Same as Corp		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name			Address		
Address			City	Zip	

FILED  
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 CORP

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

APR 01 2005

By AME  
61983

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.

Signature of Officer [Signature] Date 3/28/05  
Print or Type Name of Officer Jean Loumore  
Title of Officer President

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

1991

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-9 containing handwritten data for Academy Players, including officer names like Mary Ann Van Deque and Jean MacMillan, and addresses in East Greenwich, RI.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

APR 01 2005

By Anne Le1983

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.

Signature of Officer: [Handwritten Signature] Date: 3/28/05

Print or Type Name of Officer: Jean MacMillan

Title of Officer: President

File Date, Check No, By fields for Secretary of State use only.

FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1990

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>26016</b>		2. Name of Corporation <b>Academy Players</b>			
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>PO Box 282</b>		City <b>East Greenwich</b>	Zip <b>02818</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>Community theater group</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Mary Anne Van DeGra</b>			Vice President Name <b>Jean Mac Millan</b>		
Street Address <b>Same as corp.</b>			Street Address <b>Same as corp.</b>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>Judy Zabrowski</b>			Director Name <b>Geri Audette</b>		
Street Address <b>Same as corp.</b>			Street Address <b>Same as corp.</b>		
City	State	Zip	City	State	Zip
Director Name <b>Mary Anne Van DeGra</b>			Director Name <b>Jean Mac Millan</b>		
Street Address <b>Same as corp.</b>			Street Address <b>Same as corp.</b>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <b>N/A</b>			Address		
Address <b>SECRETARY OF STATE CORPORATIONS DIV 05 APR - 1 AM 11:51</b>			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

APR 01 2005

By AMF  
61983

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1989  
Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>26016</u>		2. Name of Corporation <u>Academy Players</u>			
3. State of Incorporation <u>RI</u>		4. Corporate address in Rhode Island - Street Address <u>PO Box 282</u>		City <u>East Greenwich</u>	Zip <u>02818</u>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Community theater group</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Bill Whitehead Jr.</u>			Vice President Name <u>Mary Ann Van DeGra</u>		
Street Address <u>Same as corp</u>			Street Address <u>Same as corp</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <u>Judy Zabrowski</u>			Director Name <u>Geri Pordette</u>		
Street Address <u>Same as corp</u>			Street Address <u>Same as corp</u>		
City	State	Zip	City	State	Zip
Director Name <u>Bill Whitehead Jr.</u>			Director Name <u>Mary Ann Van DeGra</u>		
Street Address <u>Same as corp</u>			Street Address <u>Same as corp</u>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name			Address		
Address			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

APR 01 2005

By AMF  
6/19/83

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.

Signature of Officer [Signature] Date 3/28/05  
Print or Type Name of Officer Paul Loumarz  
Title of Officer President

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1988

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>26016</u>		2. Name of Corporation <u>Academy Players</u>			
3. State of Incorporation <u>RI</u>		4. Corporate address in Rhode Island - Street Address <u>PO Box 282</u>		City <u>East Greenwich</u>	Zip <u>02818</u>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Community theater group</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Bill Whitehead Jr.</u>			Vice President Name <u>Marion Andrews</u>		
Street Address <u>Same as corp</u>			Street Address <u>Same as corp</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <u>Cal Ellis</u>			Director Name <u>Frank Rhodes</u>		
Street Address <u>Same as corp</u>			Street Address <u>Same as corp</u>		
City	State	Zip	City	State	Zip
Director Name <u>Bill Whitehead Jr.</u>			Director Name <u>Marion Andrews</u>		
Street Address <u>Same as corp</u>			Street Address <u>Same as corp</u>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENTS IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <u>MTA</u>			Address		
Address			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

APR 01 2005

By AMF  
61983

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.

Signature of Officer [Signature] Date 3/28/05

Print or Type Name of Officer  
President

Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1987

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>26016</b>		2. Name of Corporation <b>Academy Players</b>			
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>PO Box 282</b>		City <b>East Greenwich</b>	Zip <b>02818</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>Committee the the group</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Thomas Stevens</b>			Vice President Name <b>Bill Whitehead Jr.</b>		
Street Address <b>Same as corp</b>			Street Address <b>Same as corp</b>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>Marilyn Andrews</b>			Director Name <b>Cal Ellis</b>		
Street Address <b>Same as corp</b>			Street Address <b>Same as corp</b>		
City	State	Zip	City	State	Zip
Director Name <b>Thomas Stevens</b>			Director Name <b>Bill Whitehead Jr.</b>		
Street Address <b>Same as corp</b>			Street Address <b>Same as corp</b>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <b>AMF</b>			Address		
Address			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

APR 01 2005

By AMF  
6/19/83

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.

Signature of Officer [Signature] Date 3/28/05

Print or Type Name of Officer  
Paul Loumine

Title of Officer  
President

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1980

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>26016</u>		2. Name of Corporation <u>Academy Players</u>			
3. State of Incorporation <u>RI</u>		4. Corporate address in Rhode Island - Street Address <u>Po Box 182</u>		City <u>East Greenwich</u>	Zip <u>02818</u>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Community theater group</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Frank Rhodes</u>			Vice President Name <u>Thomas Stevens</u>		
Street Address <u>same as corp</u>			Street Address <u>same as corp</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <u>Verna Lurben</u>			Director Name <u>Renee Vernon</u>		
Street Address <u>same as corp</u>			Street Address <u>same as corp</u>		
City	State	Zip	City	State	Zip
Director Name <u>Frank Rhodes</u>			Director Name <u>Thomas Stevens</u>		
Street Address <u>same as corp</u>			Street Address <u>same as corp</u>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <u>None</u>			Address		
Address			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

APR 01 2005

By AME  
6/19/83

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.

Signature of Officer Paul Loumen Date 3/28/05

Print or Type Name of Officer  
Paul Loumen

Title of Officer  
President

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1985

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>26016</b>		2. Name of Corporation <b>Academy Players</b>			
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>PO Box 282</b>		City <b>East Greenwich</b>	Zip <b>02818</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>Community theater group</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Frank Rhodes</b>			Vice President Name <b>Thomas Stevens</b>		
Street Address <b>Same as corp.</b>			Street Address <b>Same as corp.</b>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>Verna Thurber</b>			Director Name <b>Renee Verman</b>		
Street Address <b>same as corp</b>			Street Address <b>Same as corp</b>		
City	State	Zip	City	State	Zip
Director Name <b>Foruh Rhodes</b>			Director Name <b>Thomas Stevens</b>		
Street Address <b>Same as corp</b>			Street Address <b>same as corp</b>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name			Address		
Address			City		Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

APR 01 2005

**AME**  
**6/19/83**

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.

**Paul Loupene** **3/26/05**  
Signature of Officer Date  
**Paul Loupene**  
Print or Type Name of Officer  
**President**  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1984

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>260116</u>		2. Name of Corporation <u>Academy Players</u>			
3. State of Incorporation <u>RI</u>		4. Corporate address in Rhode Island - Street Address <u>PO Box 282</u>		City <u>East Greenwich</u>	Zip <u>02818</u>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Community Theatre Group</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Robert Hargraves</u>			Vice President Name <u>Verna Thurber</u>		
Street Address <u>same as corp</u>			Street Address <u>same as corp.</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <small>THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23</small>					
Director Name <u>Veron</u>			Director Name <u>Anthony Parisi</u>		
Street Address <u>same as corp</u>			Street Address <u>same as corp</u>		
City	State	Zip	City	State	Zip
Director Name <u>Robert Hargraves</u>			Director Name <u>Verna Thurber</u>		
Street Address <u>same as corp</u>			Street Address <u>same as corp.</u>		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <u>N/A</u>			Address		
Address			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

APR 01 2005

By AMP  
61983

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.

Signature of Officer [Signature] Date 3/29/05

Print or Type Name of Officer Karl Loumona

Title of Officer President

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

State of Rhode Island and Providence Plantations

BIENNIAL REPORT OF  
NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of June, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The ACADEMY PLAYERS OF EAST GREENWICH

a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

- (1.) Name of Corporation ACADEMY PLAYERS
- (2.) Location of Principal Office in Rhode Island P.O. Box 282 EAST GREENWICH  
(No. Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
PRESIDENT	MARION ANDREAS	264 Pine Street WARWICK	May 1983
VICE PRESIDENT	HELENE LAZARIDES	163 Spring Street EAST GREENWICH	May 1983
SECRETARY	JUDITH SMITH	P.O. Box 754 EAST GREENWICH	May 1983
TREASURER	TOBYBETH DALTON	6480 Post Rd N. KINGSTOWN	May 1983

(4.) Date Appointed for Next Annual Meeting of the Corporation May 1982

I hereby certify the foregoing to be correct:—

Tobybeth Dalton, Treasurer  
(Name) (Designation of Officer Certifying)

JUN 10 1982

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**BIENNIAL REPORT**

**FILED IN THE OFFICE OF THE  
SECRETARY OF STATE**

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BIENNIAL REPORT

FILED IN THE OFFICE OF THE  
SECRETARY OF STATE

*July 16* ..... 19*80*.....

State of Rhode Island and Providence Plantations

BIENNIAL REPORT OF  
NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The ACADEMY PLAYERS,

a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

- (1.) Name of Corporation THE ACADEMY PLAYERS
- (2.) Location of Principal Office in Rhode Island P.O. Box 282 EAST GREENWICH  
(No. Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
PRESIDENT	HELENE LAZARIDES	163 SPRING ST. E. GREENWICH, R.I.	JUNE 1979
VICE PRESIDENT	TOBYBETH DALTON	6480 POST RD. N. KINGSTOWN, R.I.	JUNE 1979
SECRETARY	CAROL PARILLO	31 LYNDON AVE. WARWICK, R.I.	JUNE 1979
TREASURER	RONALD EASTWOOD	432 SPRING GREEN RD. WARWICK, R.I.	JUNE 1979

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- (4.) Date Appointed for Next Annual Meeting of the Corporation JUNE 19 79

I hereby certify the foregoing to be correct:—

Tobybeth Dalton Vice President  
(Name) (Designation of Officer Certifying)

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JUL 17 1980  
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BIENNIAL REPORT

FILED IN THE OFFICE OF THE  
SECRETARY OF STATE

July 16 1928

State of Rhode Island and Providence Plantations

BIENNIAL REPORT OF  
NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Academy Players

a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

- (1.) Name of Corporation Academy Players
- (2.) Location of Principal Office in Rhode Island P. O. Box 282, E. Greenwich, R.I.  
(No., Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
President	James Harris,	131 Pequot Ave., Warwick	May 1976
Vice President	Toby Rosenberg,	6480 Post Rd., N. Kingstwn.	May 1976
Secretary	Helen Mills,	490 Squantum Dr., Warwick	May 1976
Treasurer	Marion Andreas,	264 Pine Street, Warwick	May 1976

(4.) Date Appointed for Next Annual Meeting of the Corporation MAY 1976

I hereby certify the foregoing to be correct:—

James K. Hunt President  
(Name) (Designation of Officer Certifying)

FEB 29 1976  
~~FEB 30 1976~~  
JMS

BIENNIAL REPORT

MAY -7-76 SEC-OF STATE 2763 37\*\*\*10.00

FILED IN THE OFFICE OF THE  
SECRETARY OF STATE

19.....

State of Rhode Island and Providence Plantations

BIENNIAL REPORT OF  
NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Academy Players

a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

- (1.) Name of Corporation Academy Players
- (2.) Location of Principal Office in Rhode Island P. O. Box 282, East Greenwich (No., Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

\* 1000

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
President	Thomas D. Stevens,	300 Spencer Ave. E.G.	5/29/74
Vice President	Edwin Manning,	56 Wolverstone Rd., E.G.	5/29/74
Secretary	Helen Mills,	490 Squantum Dr., Warwick	5/29/74
Treasurer	Thomas Vernon, Wm.	Henry Rd. N. Scituate	5/29/74

(4.) Date Appointed for Next Annual Meeting of the Corporation May 29 19 74

I hereby certify the foregoing to be correct:—

*Thomas D. Stevens* (PRESIDENT)  
(Name) (Designation of Officer Certifying)

FEB 28 1974  
M.L.

BIENNIAL REPORT

MAR 15-74 SEC-OF STATE 7086 (F\*\*\*10.00

FILED IN THE OFFICE OF THE  
SECRETARY OF STATE

19

State of Rhode Island and Providence Plantations

BIENNIAL REPORT OF  
NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Academy Players,

a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

- (1.) Name of Corporation The Academy Players
- (2.) Location of Principal Office in Rhode Island Box 282 - East Greenwich, R.I.  
(No., Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
President	Mr. Charles Harrison	204 Orchard St Cranston, R.I. 02914	June - 1972
Vice-President	Steven Jorgensen	536 Potter Rd N. Kingstown, R.I.	June - 1972
Secretary	Mrs. Elset Rice	1383 Narragansett Blvd Cranston, R.I.	June - 1972
Treasurer	Mrs. Thomas Vennen	387 Maple St Warwick, R.I.	June 1972

- (4.) Date Appointed for Next Annual Meeting of the Corporation May 25 1972

I hereby certify the foregoing to be correct:—

Margaret A. Rice  
(Name) (Designation of Officer Certifying)

FEB 24 1972

**BIENNIAL REPORT**

20-21 STATE OF TEXAS

FILED IN THE OFFICE OF THE  
SECRETARY OF STATE

State of Rhode Island and Providence Plantations

BIENNIAL REPORT OF  
NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$5.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEE FOR FILING \$5.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Academy Players

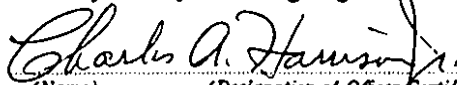
a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

- (1.) Name of Corporation The Academy Players
- (2.) Location of Principal Office in Rhode Island Box 282, East Greenwich, R. I. 02818  
(No., Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
President.	Thomas Vernon	387 Maple Ave. Warwick	1970
Vice Pres.	Alfred Judd	285 First Ave, East Greenwich	1970
Secretary	Marion Andreas	264 Pine Street, Warwick	1970
Treasurer	Charles Harrison	204 Orchard Street, Cranston	1972

(4.) Date Appointed for Next Annual Meeting of the Corporation May 31 19 70

I hereby certify the foregoing to be correct:—

  
 (Name) (Designation of Officer Certifying)  
 Treasurer

BIENNIAL REPORT

19 11-70 STATE 161 BE\*\*\*\*\*5.00

FILED IN THE OFFICE OF THE  
SECRETARY OF STATE

FEB 10 1970

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*for*