



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 09 2019

BY

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1. Entity ID Number 000032521		2. Exact name of the Corporation Playwright Productions, Inc.			
3. Principal Office Address 37 Westminster St			City Westerly	State RI	Zip 02891
4. NAICS Code 711310		6. Brief description of the character of business conducted in Rhode Island Producing plays			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David S. Japson David			Vice-President Name same		
Street Address 37 Westminster St			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name same			Treasurer Name same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600		STK	\$0.0000
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative David S. Japson				Date 1/2/2019	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					