



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 FEB 11 PM 4:19

Annual Report for the year: 2019
 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 000130426		2 Exact name of the Corporation Mixed Magic Theatre & Cultural Events, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Performing Arts Events presenter	
4. NAICS Code 711310			
6 Principal Office Address 560 Mineral Spring Ave. 100A		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jonathan Pitts-Wiley		Vice-President Name Jeannie Carson	
Street Address 14 Lexington Ave		Street Address 51 Woodbine Street	
City North Providence	State RI	City Providence	State RI
Zip 02904		Zip 02906	
Secretary Name Linda Dewing		Treasurer Name Bernadet Pitts-Wiley	
Street Address 63 Exchange Street		Street Address 14 Lexington Avenue	
City Pawtucket	State RI	City North Prov.	State RI
Zip 02860		Zip 02904	
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Ricardo Pitts-Wiley		Director Name Morris Nathanson	
Street Address 14 Lexington Ave		Street Address 134 Ivy Street	
City North Providence	State RI	City Providence	State RI
Zip 02904		Zip 02906	
Director Name Jeannie Carson		Director Name	
Street Address 51 Woodbine Street		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Bernadet Pitts-Wiley		Date 2-7-2019	
Signature of Officer/Authorized Representative <i>Bernadet Pitts-Wiley</i>		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

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 BY *[Signature]* WWSX1
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