



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

Annual Report for the year: **2019**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

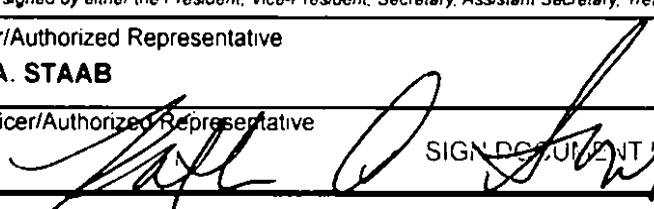
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

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1. Entity ID Number 192736		2. Exact name of the Corporation FRIENDS OF JANE PICKENS THEATER			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO SUPPORT THE LONG-TERM PRESERVATION OF THE JANE PICKENS THEATER			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 49 TOURO STREET			City NEWPORT	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KATHLEEN A. STAAB			Vice-President Name NONE		
Street Address 111 GULF ROAD			Street Address		
City S. DARTMOUTH	State MA	Zip 02748	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 KATHLEEN A. STAAB			Director Name EMILY STEFFIAN		
Street Address 111 GULF ROAD			Street Address 24 EVERETT AVENUE		
City S. DARTMOUTH	State MA	Zip 02748	City PROVIDENCE	State RI	Zip 02906
Director Name STEPHEN KIRBY			Director Name NONE		
Street Address 65 HOUSTON AVENUE			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	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.					
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 KATHLEEN A. STAAB					Date 6/4/2019
Signature of Officer/Authorized Representative 					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