



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

Annual Report for the year:
Non-Profit Corporation

2019

FILED

JUL 19 2019

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 29905		2. Exact name of the Corporation The Players	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Development, enhancement, production and promotion of the arts within Rhode Island	
4. NAICS Code 711310			
6. Principal Office Address 400 Benefit Street		City Providence	State RI Zip 02903
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joan Dillenback		Vice-President Name Carole Collins	
Street Address 72 Pershing Street		Street Address 1 Sherwood Lane	
City Cranston	State RI Zip 02910	City Birmingham	State RI Zip 02806
Secretary Name Amanda O'Bannon		Treasurer Name Peter G. Lamberton	
Street Address 166 Valley Street Apt 6A 309		Street Address 14 Circuit Drive	
City Providence	State RI Zip 02905	City East Providence	State RI Zip 02915
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 Nancy Corriuolo		Director Name Catherine Fox	
Street Address 111 Pine Glen Drive		Street Address 14 MacArthur Drive	
City East Greenwich	State RI Zip 02818	City Smithfield	State RI Zip 02917
Director Name Rebecca Minard		Director Name Paul Altieri	
Street Address PO Box 236		Street Address 3 Ship Street #101	
City Westport Point	State MA Zip 02791	City Providence	State RI Zip 02923
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 Peter G. Lamberton Treasurer			Date 07-16-2019
Signature of Officer/Authorized Representative Peter G. Lamberton Treasurer			

MAIL TO:
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Website: www.sos.ri.gov