



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

FILED

JUL 19 2019

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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.

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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 Lambertson		
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 Joy		
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Peter G Lambertson Treasurer				Date 07-16-2019	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i> Treasurer					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov