



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 001676585

**2. Name of Corporation** Operation Magic Touch

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813319

**4. Corporate Address in Rhode Island**

No. and Street: 83 KILVERT STREET  
City or Town: WARWICK State: RI Zip: 02886 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO RAISE AWARENESS OF POST-TRAUMATIC STRESS DISORDER (PTSD) BY PROVIDING ENTERTAINMENT EVENTS TO UNITED STATES MILITARY VETERANS AND THEIR FAMILIES USING THE MAGICAL ARTS AND ILLUSIONS. THESE UNIQUE SHOWS WILL HONOR VETERANS WHO MAY SUFFER FROM PTSD BY PROVIDING A SAFE AND FUN ENVIRONMENT WITHOUT UTILIZING TRADITIONAL STAGE METHODS WHICH MAY TRIGGER PTSD. OPERATION MAGIC TOUCH IS COMMITTED TO PERFORMING IN LOCAL AND REGIONAL VENUES, IN FRONT OF SMALL AND LARGE AUDIENCES, AND

**TO DONATE A PORTION OF THE FUNDS RAISED TO VETERANS' CAUSES.**

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	WILLIAM J. SCHMEELK	55 RAILROAD AVENUE GARNERVILLE, NY 10923 USA
DIRECTOR	JASON MOREL	83 KILVERT STREET WARWICK, RI 02886 USA
DIRECTOR	TIM BRICCO	730 RICH SMITH DRIVE, APT. 302 MOUNTAIN HOME, AR 72653 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JENNIFER A. MINUTO, ESQ. 169 BLUFF AVENUE CRANSTON , RI 02905

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 14 Day of August, 2019 at 12:57:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By JENNIFER A. MINUTO, ESQ.  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2019 State of Rhode Island and Providence Plantations  
All Rights Reserved