



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

**Annual Report for the year:** 2020  
**Corporation**

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

JAN 13 2020

BY

2149 DS

1. Entity ID Number <b>4530</b>		2. Exact name of the Corporation <b>COLUMBUS THEATRE, INC.</b>			
3. Principal Office Address <b>270 BROADWAY</b>		City <b>PROVIDENCE</b>		State <b>R.I.</b>	Zip <b>02903</b>
4. NAICS Code <b>711510</b>	6. Brief description of the character of business conducted in Rhode Island <b>ARTS AND ENTERTAINMENT</b>				
5. State of Incorporation <b>R.I.</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOH S. BERBERIAN</b>			Vice-President Name <b>SAME</b>		
Street Address <b>270 BROADWAY</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>R.I.</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SAME AS ABOVE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>CNP</b>	PAR VALUE <b>\$ 0.</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative <b>JOH SARKIS BERBERIAN</b>				Date <b>1/11/20</b>	
Signature of Authorized Representative <i>John Sarkis Berberian</i>					

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov