



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

Annual Report for the year: 2020  
 Corporation

FILED

JAN 13 2020

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

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	
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City		State	Zip	City	
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	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>CNP</b>	<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. <b>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.</b>					
Name of Authorized Representative <b>JON SARKIS BERBERIAN</b>				Date <b>1/11/20</b>	
Signature of Authorized Representative <i>Jon Sarkis Berberian</i>					

MAIL TO:  
 Division of Business Services  
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