RI SOS Filing Number: 202042400570 Date: 6/17/2020 4:00:00 PM

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

FILED
JUN 17 2020
BY 3248 DS

Annual Report for the year: 2020
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.

1. Entity ID Number	2. Exact name of the Corporation
27865	GILBERT & SULLIVAN SOCIETY OF RHODE ISLAND
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: Community theatre Group
4. NAICS Code: 711111	

6. Principal Office Address	City	State	Zip
83 INDIAN TRAIL	COVENTRY	RI	02816

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: RICHARD K. FOSTER			Vice-President Name:		
Street Address: 83 INDIAN TRAIL			Street Address:		
City: COVENTRY	State: RI	Zip: 02816	City:	State:	Zip:
Secretary Name:			Treasurer Name: RICHARD K. FOSTER		
Street Address:			Street Address: 83 INDIAN TRAIL		
City:	State:	Zip:	City: COVENTRY	State: RI	Zip: 02816

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: RICHARD K. FOSTER			Director Name: DANIELLE D. FOSTER		
Street Address: 83 INDIAN TRAIL			Street Address: 83 INDIAN TRAIL		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816
Director Name: MEEGAN B. STEWART			Director Name:		
Street Address: 312 FRONT STREET			Street Address:		
City: LINCOLN	State: RI	Zip: 02865	City:	State:	Zip:

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	Date
RICHARD K. FOSTER	6/15/20

Signature of Officer/Authorized Representative: Richard K. Foster — SIGN DOCUMENT HERE

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

FORM 631 - Revised: 06/2019