



RI SOS Filing Number: 202049817380 Date: 8/25/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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BUS SVCS DIV
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1. Entity ID Number 000026786		2. Exact name of the Corporation IMPROVISE INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to promote creative drama			
4. NAICS Code 711510					
6. Principal Office Address PO Box 2473			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Joseph CURRAN			Vice-President Name		
Street Address 91 Highland Rd			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name BARBARA RITER			Treasurer Name BARBARA RITER		
Street Address 133 Dexterdale Rd			Street Address 133 Dexterdale Rd		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Naida Weisberg			Director Name JOSEPH CURRAN		
Street Address 48 Barbervy Hill			Street Address 91 Highland Rd		
City Providence	State RI	Zip 02906	City Bristol	State RI	Zip 02809
Director Name BARBARA J. RITER			Director Name		
Street Address 133 Dexterdale Rd			Street Address		
City Providence	State RI	Zip 02906	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 BARBARA J. RITER					Date 8/8/2020
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE FILED

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

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FORM 631 - Revised: 06/2019