



**State of Rhode Island  
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:** 2021

**1. Corporate ID No.** 000154239

**2. Name of Corporation** Providence Improv

**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



711110

**4. Principal Office Address**

No. and Street: 12 BRIAN AVENUE

City or Town: NORTH SMITHFIELD

State: RI

Zip: 02896

Country: USA

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

No. and Street:

City or Town:      State:      Zip:      Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO EDUCATE THE PUBLIC IN THE ART FORM OF IMPROVISATION THEATER THROUGH PERFORMANCE, CLASSES, AND OTHER COMMUNITY OUTREACH. SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

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

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	TIMOTHY THIBODEAU	12 BRIAN AVENUE NORTH SMITHFIELD, RI 02896 USA
SECRETARY	CASEY SEYMOUR KIM	73 ALHAMBRA CIRCLE CRANSTON, RI 02905 USA
DIRECTOR	ERIC FULFORD	80 HANTON ROAD NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	JUSTIN WILDER	105 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	CASEY CALDERISO	2 BOXWOOD ROAD LINCOLN, RI 02865 USA

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

TIMOTHY THIBODEAU 125 OLYMPIA AVENUE PAWTUCKET , RI 02861

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

**Signed this 30 Day of June, 2021 at 8:24:50 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 TIMOTHY M. THIBODEAU  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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