



**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.** 000550793

**2. Name of Corporation** RENAISSANCE CITY THEATRE, INC.

**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

**4. Principal Office Address**

No. and Street: 1 GRANITE STREET

City or Town: WESTERLY

State: RI

Zip: 02891

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**

PRESENTATION OF QUALITY THEATER PRODUCTIONS AND PERFORMANCES FOR ALL AGES INCLUDING WORKSHIPS AND CLASSES

**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><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT    | JANE MANDES                                           | 18 BROOKSIDE RD<br>WESTERLY, RI 02891 USA                         |
| TREASURER    | DAVID MCCOMBE                                         | 26 PARK AVE.<br>MYSTIC , CT 06355 USA                             |
| SECRETARY    | DINA FERRI                                            | 169 SOUTH SHORE AVE<br>GROTON LONG POINT, CT 06340 USA            |
| DIRECTOR     | MICHELLE MANIA                                        | 85 EAST AVE<br>WESTERLY, RI 02891 USA                             |
| DIRECTOR     | JOHN CILLINO ESQ                                      | 48 JOHN STREET<br>WESTERLY, RI 02891 USA                          |
| DIRECTOR     | JUDE PESCATELLO                                       | 504 TOLL GATE RD<br>GROTON, RI 06340 USA                          |
| DIRECTOR     | DANTE GULIANO                                         | 4 MOUNTAIN AVENUE<br>WESTERLY, RI 02891 USA                       |
| DIRECTOR     | ANN WESTENDORF                                        | 111 LEDGEWOOD ROAD<br>GROTON , CT 06340 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**

JOHN CILLINO, ESQ. 48 JOHN STREET WESTERLY , RI 02891

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

**Signed this 19 Day of August, 2021 at 2:24:20 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 JANE MANDES  
Signature of Authorized Person

Form No. 631  
Revised 09/07