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. 000485652

2. Name of Corporation Swamp Meadow Community 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

711110

4. Principal Office Address

No. and Street: 59A BALCOM ROAD
P.O. BOX 213
City or Town: FOSTER State: RI Zip: 02825 Country: USA

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

COMMUNITY THEATRE, PLAYS, WORKSHOPS AND CLASSES (501(C)(3))

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TYLER VIGEANT	59A BALCOM ROAD FOSTER , RI 02825 USA

TREASURER	KERRI RAWCLIFFE	17 HARTFORD PIKE FOSTER, RI 02857 USA
SECRETARY	SHARON SAFFORD	59A BALCOM ROAD FOSTER, RI 02825 USA
VICE PRESIDENT	MERYNN FLYNN	59A BALCOM ROAD FOSTER, RI 02825 USA
DIRECTOR	DENNIS CHRETIAN	2 TRAY HOLLOW ROAD FOSTER, RI 02825 USA
DIRECTOR	TYLER VIGEANT	59A BALCOM ROAD FOSTER, RI 02825 USA
DIRECTOR	SHARON SAFFORD	59A BALCOM ROAD FOSTER, RI 02825 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

LAURIE MURPHY 59A BALCOM ROAD P.O. BOX 213 FOSTER , RI 02825

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

Signed this 18 Day of November, 2021 at 11:07:19 AM 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 KERRI RAWCLIFFE
Signature of Authorized Person

Form No. 631
Revised 09/07