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State of Rhode Island

Department of State - Business Services Division

FILED

DEC 13 2021

BY

Annual Report for the year: 2021

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
000115	**Portsmouth Community Theater, Inc**
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: non profit community theater, plays, historical drama, educational theatrical presentations
4. NAICS Code: 71110	

6. Principal Office Address	City	State	Zip
240 Bramans Lane	Portsmouth	RI	02871

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

President Name: Cynthia Killavey			Vice-President Name: Denise Betz		
Street Address: 240 Bramans Lane			Street Address: 113 Windward Drive		
City: Portsmouth	State: RI	Zip: 02871	City: Portsmouth	State: RI	Zip: 02871
Secretary Name: Trish Culver			Treasurer Name: Ron March		
Street Address: 164 Heritage Drive			Street Address: 48 Four Rod Way		
City: Portsmouth	State: RI	Zip: 02871	City: Tiverton	State: RI	Zip: 02878

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

Director Name: Gloria Schmidt			Director Name: Andrew V Kelly		
Street Address: 75 Linda Drive			Street Address: 200 Redwood Road		
City: Portsmouth	State: RI	Zip: 02871	City: Portsmouth	State: RI	Zip: 02871
Director Name: Jim Killavey			Director Name: Richard Schmidt		
Street Address: 240 Bramans Ln			Street Address: 75 Linda Drive		
City: Portsmouth	State: RI	Zip: 02871	City: Portsmouth	State: RI	Zip: 02871

9. The Registered Agent information of record with the RI Department of State is accurate. 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
Cynthia Killavey/President	December 6, 2021

Signature of Officer/Authorized Representative: Cynthia Killavey

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615