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State of Rhode Island
Department of State - Business Services Division

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
968839	The Arctic Playhouse
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Entertainment
4. NAICS Code: 711310	

6. Principal Office Address	City	State	Zip
PO Box 173	West Warwick	RI	02893

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

President Name: James Belanger			Vice-President Name: Lloyd Felix		
Street Address: 26 Teakwood Drive			Street Address: 122 Wilson Road		
City: Coventry	State: RI	Zip: 02818	City: Fall River	State: MA	Zip: 02720
Secretary Name: Nancy Spirito			Treasurer Name:		
Street Address: 1284 Narragansett Blvd.			Street Address:		
City: Cranston	State: RI	Zip: 02905	City:	State:	Zip:

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

Director Name: Bryan Sawyer			Director Name: Ida Zecco		
Street Address: 6 Glenview Drive			Street Address: P.O. Box 173		
City: Bristol	State: RI	Zip: 02809	City: West Warwick	State: RI	Zip: 02893
Director Name: Nicholas Manousos			Director Name: Barbara Tabek		
Street Address: P.O. Box 173			Street Address: P.O. Box 173		
City: West Warwick	State: RI	Zip: 02893	City: West Warwick	State: RI	Zip: 02893

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
James Belanger	12/14/2021

Signature of Officer/Authorized Representative: James E. Belanger

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: 08/2020