



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year:

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 <u>000130426</u>		2. Exact name of the Corporation <u>Mixed Magic Theatre & Cultural Events, Inc</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Performing Arts Events presenter</u>	
4. NAICS Code <u>711310</u>			
6. Principal Office Address <u>560 Mineral Spring Ave. 100A</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jonathan Pitts-Wiley</u>		Vice-President Name <u>Jeannie Carson</u>	
Street Address <u>14 Lexington Avenue</u>		Street Address <u>51 Woodbine Street</u>	
City <u>North Prov.</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02906</u>	
Secretary Name <u>Linda Dewing</u>		Treasurer Name <u>Bernadette Pitts-Wiley</u>	
Street Address <u>63 Exchange Street</u>		Street Address <u>62 Lexington Avenue</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>North Providence</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02904</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Ricardo Pitts-Wiley</u>		Director Name <u>Morris Nathanson</u>	
Street Address <u>62 Lexington Avenue</u>		Street Address <u>134 Ivy Street</u>	
City <u>North Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02906</u>	
Director Name <u>Jeannie Carson</u>		Director Name	
Street Address <u>51 Woodbine Street</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02906</u>		Zip	
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 <u>Bernadette Pitts-Wiley</u>			Date <u>1-11-2022</u>
Signature of Officer/Authorized Representative <u>Bpitts-Wiley</u>			FILED <u>C</u>

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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