

**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: February 1 - May 1

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: 2022**1. Corporate ID No.** 001676585**2. Name of Corporation** Operation Magic Touch**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

813319**4. Principal Office Address**No. and Street: 83 KILVERT STREETCity or Town: WARWICKState: RIZip: 02886Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO RAISE AWARENESS OF POST-TRAUMATIC STRESS DISORDER (PTSD) BY PROVIDING ENTERTAINMENT EVENTS TO UNITED STATES MILITARY VETERANS AND THEIR FAMILIES USING THE MAGICAL ARTS AND ILLUSIONS. THESE UNIQUE SHOWS WILL HONOR VETERANS WHO MAY SUFFER FROM PTSD BY PROVIDING A SAFE AND FUN ENVIRONMENT WITHOUT UTILIZING TRADITIONAL STAGE METHODS WHICH MAY TRIGGER PTSD. OPERATION MAGIC TOUCH IS COMMITTED TO PERFORMING IN LOCAL AND REGIONAL VENUES, IN FRONT OF SMALL AND LARGE AUDIENCES, AND TO DONATE A PORTION OF THE FUNDS RAISED TO VETERANS' CAUSES.

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
DIRECTOR	WILLIAM J. SCHMEELK	55 RAILROAD AVENUE GARNERVILLE, NY 10923 USA
DIRECTOR	JASON MOREL	83 KILVERT STREET WARWICK, RI 02886 USA
DIRECTOR	TIM BRICCO	730 RICH SMITH DRIVE, APT. 302 MOUNTAIN HOME, AR 72653 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

JENNIFER A. MINUTO, ESQ. 169 BLUFF AVENUE CRANSTON , RI 02905

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

Signed this 24 Day of January, 2022 at 2:33:46 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 /S/ JENNIFER A. MINUTO
Signature of Authorized Person

Form No. 631
Revised 09/07

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