



**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.** 001716466

**2. Name of Corporation** Shadowcasting Community Arts

**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

**4. Principal Office Address**

No. and Street: 55 WEST RIVER PARKWAY

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02904

Country: USA

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

PROMOTION, BUILDING, AND PRESERVATION OF PRODUCTIONS OF THE ART FORM MOST COMMONLY KNOWN AS SHADOW CASTING. PRODUCTION ASSISTANCE FOR OTHER NON-PROFIT ORGANIZATIONS. VISION: AN EXPANDED AND ELEVATED SHADOWCASTING COMMUNITY THROUGH THE GENERATION AND EXECUTION OF QUALITY ENTERTAINMENT PRODUCTIONS EMPHASIZING BUT NOT LIMITED TO THE ART FORM OF SHADOW CASTING. MISSION : BUILD THE SHADOWCASTING COMMUNITY AND CREATE BRIDGES INTO THE PERFORMING ARTS BY CREATING SAFE, INCLUSIVE, INEXPENSIVE, AND NON-POLITICAL SPACES FOR PEOPLE TO PARTICIPATE THRU PERFORMANCES AND PRODUCTIONS

**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	ROY J ROSSI	55 WEST RIVER PARKWAY NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	CHRIS LAWRENCE	28 VICTORIAN HIGHWAY WEST BRIDGEWATER, MA 02379 USA
DIRECTOR	HENRY A JOHNSON JR	15 RUTHERFORD CT WARWICK, RI 02886 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**

ROY ROSSI 55 WEST RIVER PARKWAY NORTH PROVIDENCE , RI 02904

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

*Signed this 28 Day of January, 2022 at 12:08:27 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 ROY J ROSSI  
Signature of Authorized Person

Form No. 631  
Revised 09/07