



**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: 2023

1. Corporate ID No. 001693347

2. Name of Corporation JDP THEATRE CO

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

711310

4. Principal Office Address

No. and Street: 1336 PAWTUCKET AVE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02916

Country: USA

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

PROVIDES THE COMMUNITY WITH AFFORDABLE INCLUSIVE THEATER
OPPORTUNITIES THAT STRENGTHEN APPRECIATION IN PERFORMING ARTS

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	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	JILLIAN GESUALDI	1190 SOUTH BROADWAY EAST PROVIDENCE , RI 02914 USA
DIRECTOR	JESSICA MAYETTE	20 MERILINE ST. JOHNSTON, RI 02919 USA
DIRECTOR	DORIS MOORE	99 PRISCILLA AVE WARWICK, RI 02889 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

JUDY DE PERLA 20 ALICE STREET EAST PROVIDENCE , RI 02914

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

Signed this 3 Day of April, 2023 at 1:17:42 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 JILLIAN GESUALDI
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2023 State of Rhode Island
All Rights Reserved