

**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 - ENTER THE CURRENT FILING YEAR 2023: 2023**1. Corporate ID No.** 001123932**2. Name of Corporation** Providence Improv Guild, Inc.**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

711110**4. Principal Office Address**No. and Street: 22 PARSONAGE STREET
#166City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO PROVIDE IMPROV AND COMEDY THEATRE EDUCATION THAT IS AFFORDABLE
AND ACCESSIBLE TO INDIVIDUALS, COMMUNITY, GROUPS, SCHOOLS**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	THOMAS EPSTEIN	16 CHARLES STREET BARRINGTON, RI 02806 USA
DIRECTOR	MARY KATHERINE BUCHER	180 WATERMAN AVE APT 126 NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	JUSTIN HEBERT	40 SESSION STREET #11 PROVIDENCE, RI 02906 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

MELISSA BOWLER 22 PARSONAGE STREET, #166 PROVIDENCE , RI 02903

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

Signed this 13 Day of May, 2023 at 5:37:39 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 TOM EPSTEIN
Signature of Authorized Person

Form No. 631
Revised 09/07

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