



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2023**

**Non-Profit Corporation**

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|  |                 |   |  |                        |                     |
|--|-----------------|---|--|------------------------|---------------------|
| 1. Entity ID Number<br><b>000154620</b>  |                 | 2. Exact name of the Corporation<br><b>RISE on Broadway Inc.</b>  |  |                        |                     |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>We are a non- profit community theater company.</b> |  |                        |                     |
| 4. NAICS Code<br><b>711110</b>   |                 |   |  |                        |                     |
| 6. Principal Office Address<br><b>948 EAST WALLUM LAKE ROAD P.O. BOX 72</b>  |                 |   | City<br><b>Pascoag</b>                         | State<br><b>RI</b>     | Zip<br><b>02859</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |  |                        |                     |
| President Name <b>Royal Laurent</b>  |                 |   | Vice-President Name <b>Sarah Palmer</b>        |                        |                     |
| Street Address <b>948 East Wallum Lake Road</b>  |                 |   | Street Address <b>395 Mendon Road, Apt 12A</b> |                        |                     |
| City <b>Pascoag</b>  | State <b>RI</b> | Zip <b>02859</b>  | City <b>North Smithfield</b>                   | State <b>RI</b>        | Zip <b>02876</b>    |
| Secretary Name <b>Patricia Ferron</b>  |                 |   | Treasurer Name <b>Jodi Abbott</b>              |                        |                     |
| Street Address <b>122 Austin Avenue</b>  |                 |   | Street Address <b>395 Mendon Road, Apt 12A</b> |                        |                     |
| City <b>Greenville</b>   | State <b>RI</b> | Zip <b>02828</b>  | City <b>North Smithfield</b>                   | State <b>RI</b>        | Zip <b>02896</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |  |                        |                     |
| Director Name <b>Cindy Sobel</b>   |                 |   | Director Name <b>Christian O'Neill</b>         |                        |                     |
| Street Address <b>1556 Victory Highway</b>   |                 |   | Street Address <b>1575 Diamond Hill Road</b>   |                        |                     |
| City <b>Glendale</b>   | State <b>RI</b> | Zip <b>02826</b>  | City <b>Cumberland</b>                         | State <b>RI</b>        | Zip <b>02864</b>    |
| Director Name <b>Leonard Schwartz</b>  |                 |   | Director Name <b>Danielle Paquette</b>         |                        |                     |
| Street Address <b>PO Box 405</b>   |                 |   | Street Address <b>94 Pascoag Main Street</b>   |                        |                     |
| City <b>North Scituate</b>   | State <b>RI</b> | Zip <b>02857</b>  | City <b>Pascoag</b>                            | State <b>RI</b>        | Zip <b>02859</b>    |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  |                 |   |  |                        |                     |
| <b>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.</b>        |                 |   |  |                        |                     |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>   |                 |   |  |                        |                     |
| Name of Officer/Authorized Representative<br><b>Jodi Abbott</b>  |                 |   |  | Date<br><b>9/21/23</b> |                     |
| Signature of Officer/Authorized Representative<br><i>Jodi M Abbott</i>   |                 |   |  |                        |                     |

FILED

MAIL TO:  
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Website: www.sos.ri.gov

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BY *75 RAY*  
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