



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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.

1. Entity ID Number 000968839		2. Exact name of the Corporation The Arctic Playhouse			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Theater Entertainment			
4. NAICS Code 711310					
6. Principal Office Address P.O. Box 173			City West Warwick	State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bryan Sawyer			Vice-President Name		
Street Address P.O. Box 173			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Nancy Spirito			Treasurer Name		
Street Address 1284 Narragansett Blvd.			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name James Belanger			Director Name Lloyd Felix		
Street Address P.O. Box 173			Street Address P.O. Box 17		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Nicholas Manousos			Director Name Barbara Tabek		
Street Address P.O. Box 173			Street Address P.O. Box 173		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 841.					
<i>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.</i>					
<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 James Belanger					Date 10/2/2023
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 05 2023
BY 126WJ FORM 631- Revised: 04/2023
AA. 12:30 PM.

QUESTION 8:

ADDITIONAL DIRECTOR (S)

**IDA ZECCO
P.O. Box 173
West Warwick, RI 02893**