RI SOS Filing Number: 202342796670 Date: 11/16/2023 11:56:00 AM

State of Rhode Island Department of State - Business Services Division						₽°iř	
Annual Report for the year: 2023			RECEIVED D.L. DEPT. OF STATE BUS SYCS DIV				
Non-Profit Corporation → Filing period February 1 - May 1			808 8408	SON		·	
→ Filing Fee: \$20.00							
→ Penalty: Additional \$25.00 fee if form is not filed by May 31. 7///3 NOV 16 A 11: 55 1. Entity ID Number 2. Exact name of the Corporation							
1. Entity ID Number	·						
001737379	Viewpoint Theatre						
3 State of Incorporation	5. Brief description of the character of business conducted in Rhode Island Theatre performances.						
Rhode Island							
4. NAICS Code							
711110	<u> </u>						
6. Principal Office Address			City		State	Zip	
134 Spring Green Road			Warwick		RI	02888	
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Francesca Hansen-DiBello			Vice-President Name Claudia Traub				
Street Address 406 Greenfield Road			Street Address 213 NARRAGANSETT AVENUE				
City Deerfield	State MA	Zip 01342	City Riverside		State RI	Zip 02915	
Secretary Name Gigi DiBello			Treasurer Name				
Street Address 134 Spring Green Road			Street Address				
City Warwick	State RI	Zip 02888	City		State	Zıp	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Francesca Hansen-DiBello			Director Name Claudia Traub				
Street Address 406 Greenfield Road			Street Address 213 NARRAGANSETT AVENUE				
City Deerfield	State MA	Zip 01342	City Riverside		State RI	Zip 02915	
Director Name Gigi DiBello			Director Name				
Street Address 134 Spring Green Road			Street Address				
City Warwick	State R1	Zip 02888	City		State	Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.							
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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee							
Name of Officer/Authorized Representative					Date		
Francesca Hansen-DiBello Signature of Officer/Authorized Representative					11/16/2023		
Francesca Hansen-DiBello 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

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FORM 631- Revised 04/2023