



**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 YEAR 2024: 2024

1. Corporate ID No. 000154239

2. Name of Corporation Providence Improv

3. State of Incorporation

State: RI

NAICS CODE

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: 12 BRIAN AVENUE

City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: USA

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

TO EDUCATE THE PUBLIC IN THE ART FORM OF IMPROVISATION THEATER THROUGH PERFORMANCE, CLASSES, AND OTHER COMMUNITY OUTREACH. SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

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
PRESIDENT	TIMOTHY THIBODEAU	12 BRIAN AVENUE NORTH SMITHFIELD, RI 02896 USA
SECRETARY	CASEY SEYMOUR KIM	73 ALHAMBRA CIRCLE CRANSTON, RI 02905 USA
DIRECTOR	ERIC FULFORD	80 HANTON ROAD NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	DAVID RABINOW	106 FERNCREST CRANSTON, RI 02905 USA
DIRECTOR	JACOB GOLDMAN	188 OLD COUNTY RD SMITHFIELD, RI 02917 USA
DIRECTOR	KATE TEICHMAN	255 HORSENECK RD WESTPORT, MA 02790 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**

TIMOTHY THIBODEAU 12 BRIAN AVE NORTH SMITHFIELD , RI 02896

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

Signed this 19 Day of April, 2024 at 9:07:28 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 TIMOTHY M. THIBODEAU
Signature of Authorized Person

Form No. 631
Revised 09/07

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