



**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. 000027337

2. Name of Corporation Kaleidoscope Theatre

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: 65 FREEDOM DRIVE

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

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

A PROFESSIONAL TOURING THEATRE COMPANY.

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
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PRESIDENT	MARIANNE DOUGLAS	3 FAIRFIELD ROAD BARRINGTON, RI 02806 USA
TREASURER	JOYCE NERO	241 LAKE SHORE DR WEST GREENWICH, RI 02817 USA
SECRETARY	ANGELA ZANNINI	1601 PHENIX AVE CRANSTON, RI 02921 USA
DIRECTOR	ROBERT ZANNINI	65 FREEDOM DRIVE CRANSTON, RI 02920
VICE PRESIDENT	JOAN PLAZIAK	73D NIPMUC TRAIL NORTH PROVIDENCE, RI 02904 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**

ROBERT ZANNINI 65 FREEDOM DRIVE CRANSTON , RI 02920

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

Signed this 7 Day of August, 2024 at 9:51:34 AM 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 MARIANNE DOUGLAS
Signature of Authorized Person

Form No. 631
Revised 09/07

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