RI SOS Filing Number: 202568355990 Date: 3/26/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
000792664	**Matunuck Live Theatre Inc.**			
3. Principal Office Address		City	State	Zip
7 Central Street		**South Easton**	**MA**	**02375**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
711310	**Live theatrical stage productions from May through August in a landmarked historical barn theatre**			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
William J. Hanney			**Karen Gail Kessler**		
Street Address			Street Address		
7 Central Street			**364 Card's Pond Road**		
City	State	Zip	City	State	Zip
South Easton	**MA**	**02375**	**Wakefield**	**RI**	**02879**
Secretary Name			Treasurer Name		
Karen Gail Kessler			**William J. Hanney**		
Street Address			Street Address		
364 Card's Pond Road			**7 Central Street**		
City	State	Zip	City	State	Zip
Wakefield	**RI**	**02879**	**South Easton**	**MA**	**02375**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**10000**	**Common Shares**	**no par value**

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative: KAREN GAIL KESSLER — Date: 3-12-2025

Signature of Authorized Representative: Karen Gail Kessler

FILED
MAR 26 2025
BY 6907

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

FORM 630 - Revised: 04/2023