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R.I. SOS ASDState of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

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 000150822		2. Exact name of the Corporation Rhode Island Theater Education Association, Inc. (RITEA)	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island PROMOTING AND STRENGTHENING EXCELLENCE, ACCESS, CONFIDENCE AND EDUCATION IN THE THEATRICAL ARTS FOR SCHOOL STUDENTS AND TEACHERS OF RHODE ISLAND	
4. NAICS Code 711110			
6. Principal Office Address 2615 Warwick Ave		City Warwick	State RI
		Zip 02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Terrence Murray		Vice-President Name Nancy Vitulli	
Street Address 85 Jacksonia Drive		Street Address 196 Knollwood Avenue	
City North Providence	State RI	City Cranston	State RI
Zip 02911		Zip 02910	
Secretary Name Stephanie Spaziano		Treasurer Name Richard Sylvia	
Street Address 28 High Street		Street Address 27 Old North Road	
City North Providence	State RI	City Coventry	State RI
Zip 02904		Zip 02816	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Nancy Vitulli		Director Name Stephanie Spaziano	
Street Address 196 Knollwood Avenue		Street Address 28 High Street	
City Cranston	State RI	City North Providence	State RI
Zip 02910		Zip 02904	
Director Name Richard Sylvia		Director Name Terrence Murray	
Street Address 27 Old North Road		Street Address 85 Jacksonia Drive	
City Coventry	State RI	City North Providence	State RI
Zip 02816		Zip 02911	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<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 Julia Paolino			Date 03/29/2025
Signature of Officer/Authorized Representative 			

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

FILED

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BY

FORM 531 - Revised 12/2023