

RECORDED
25 APR 1 09:43:05State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019

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 ☐					
President Name Terrence Murray			Vice-President Name Nancy Vitulli		
Street Address 85 Jacksonia Drive			Street Address 196 Knollwood Avenue		
City North Providence	State RI	Zip 02911	City Cranston	State RI	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	Zip 02904	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Nancy Vitulli			Director Name Stephanie Spaziano		
Street Address 196 Knollwood Avenue			Street Address 28 High Street		
City Cranston	State RI	Zip 02910	City North Providence	State RI	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	Zip 02816	City North Providence	State RI	Zip 02911
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 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.n.gov

FILED
APR 01 2025
BY **LGZF**
FORM 631- Revised: 12/2023