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25 APR 11 AM 9:38:00State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2018

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 Richard Sylvia			Vice-President 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
Secretary Name Gail Frappier			Treasurer Name Isabella Bennett		
Street Address 200 Heroux Blvd, #1604			Street Address 40 Harrington Road		
City Cumberland	State RI	Zip 02864	City North Kingstown	State RI	Zip 02852
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 Gail Frappier			Director Name Isabella Bennett		
Street Address 200 Heroux Blvd, #1604			Street Address 40 Harrington Road		
City Cumberland	State RI	Zip 02864	City North Kingstown	State RI	Zip 02852
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.					
<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 					

FILED

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

APR 01 2025
BY **LOG RZF** **AM**
FORM 63 - Revised: 12/2023