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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2010
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	2. Exact name of the Corporation
000150822	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	City	State	Zip
2615 Warwick Ave	Warwick	RI	02889

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

President Name: Jason LeClair			Vice-President Name: Bob DiMartino		
Street Address: 109 Olney Ave			Street Address: 2600 Mendon Road		
City: North Providence	State: RI	Zip: 02911	City: Cumberland	State: RI	Zip: 02864
Secretary Name: Gail Frappier			Treasurer Name: Richard Sylvia		
Street Address: 200 Heroux Blvd, #1604			Street Address: 27 Old North Road		
City: Cumberland	State: RI	Zip: 02864	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: Gail Frappier			Director Name: Jason LeClair		
Street Address: 200 Heroux Blvd, #1604			Street Address: 109 Olney Ave		
City: Cumberland	State: RI	Zip: 02864	City: North Providence	State: RI	Zip: 02911
Director Name: Richard Sylvia			Director Name: Bob DiMartino		
Street Address: 27 Old North Road			Street Address: 2600 Mendon Road		
City: Coventry	State: RI	Zip: 02816	City: Cumberland	State: RI	Zip: 02864

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	Date
Julia Paolino	**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

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FORM 631 - Revised: 12/2023