

REC'D RI SOS 3SD
25 APR 2025 9:32:11State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2009

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 Jason LeClair		Vice-President Name Bob DiMartino	
Street Address 109 Olney Ave		Street Address 2600 Mendon Road	
City North Providence	State RI	City Cumberland	State RI
Zip 02911		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	City Coventry	State RI
Zip 02864		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	City North Providence	State RI
Zip 02864		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	City Cumberland	State RI
Zip 02816		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.			
<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

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