RI SOS Filing Number: 202573203400 Date: 5/15/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAY 15 2025
BY

Annual Report for the year: 2025
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 000029905	2. Exact name of the Corporation The Players
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Development, enhancement, production and promotion of the arts within Rhode Island
4. NAICS Code 711310	

6. Principal Office Address	City	State	Zip
400 Benefit Street	Providence	RI	02903

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

President Name: Jeffrey Sullivan			Vice-President Name: Samantha Rans-Hudgins		
Street Address: PO Box 1904			Street Address: 85 Oak Street, Apt. 3		
City: E. Greenwich	State: RI	Zip: 02818	City: Providence	State: RI	Zip: 02909
Secretary Name: Sharon Bishop			Treasurer Name: Peter G Lamberton		
Street Address: 257 Rankin Avenue			Street Address: 14 Circuit Drive		
City: Providence	State: RI	Zip: 02908	City: E Providence	State: RI	Zip: 02915

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Carol Allen			Director Name: Paul Oliver		
Street Address: 116 Barbs Hill Road			Street Address: 55 Parkside Drive		
City: Greene	State: RI	Zip: 02827	City: Providence	State: RI	Zip: 02910
Director Name: Mark Roberts			Director Name: Lydia Johnson		
Street Address: 254 Norwood Avenue			Street Address: 85 Oak Street, Apt 3		
City: Cranston	State: RI	Zip: 02905	City: Providence	State: RI	Zip: 02909

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
Peter G Lamberton - Treasurer	05-06-2025

Signature of Officer/Authorized Representative: Peter G Lamberton - Treasurer

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

FORM 631- Revised 12/2023

Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.

Check the box to indicate an attachment ☐

Director Name	Morgan Salpietro		Director Name	John Landry	
Street Address	257 Rankin Avenue		Street Address	PO Box 1904	
City	Providence	State RI Zip 02908	City	E Greenwich	State RI Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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Peter G Lamberton - Treasurer	05-06-2025

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Peter G Lamberton - Treasurer

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ID # 29905
ATTACHMENT

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