



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Non-Profit
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2024

1. Corporate ID No. 000029948

2. Name of Corporation The Community Players

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

711110

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 2302

City or Town: PAWTUCKET State: RI Zip: 02861 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ENCOURAGE INTEREST IN DRAMATIACS BY THE PRODUCTION AND READING OF PLAYS AND BY SUCH OTHER MANNER AS MAY SERVE THIS END (AS CHARTERED).

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title

Incorporator is no longer applicable; please delete

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).
R.I.G.L.
7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTOPHER MARGADONNA	130 ARMISTICE BLVD, APT 2 PAWTUCKET, RI 02860 USA
TREASURER	STEFANIE BOWES	10 BREMEN AVENUE WARWICK, RI 02889 USA
VICE PRESIDENT	STEPHEN HEALEY	40 METROPOLITAN ROAD PROVIDENCE, RI 02908 USA
CORRESPONDING SECRETARY	SUSAN STANIUNAS	12 OLD POCASSET LN APT 127 JOHNSTON, RI 02919 USA
RECORDING SECRETARY	EMILY FISHER	2 LEADER STREET COVENTRY, RI 02816 USA
DIRECTOR	JOHN STANIUNAS	12 OLD POCASSET LN APT 127 JOHNSTON, RI 02919 USA
DIRECTOR	EDWARD MASTRIANO	1453 SOUTH BROADWAY EAST PROVIDENCE, RI 02914 USA
DIRECTOR	BOB METIVIER	660 COTTAGE STREET, UNIT 2 PAWTUCKET, RI 02861 USA
DIRECTOR	ARTHUR PLITT	44 COOKE ST PAWTUCKET, RI 02860 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ED MASTRIANO 1453 BROADWAY EAST PROVIDENCE , RI 02914

Signed this 20 Day of May, 2024 at 8:53:16 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By STEFANIE BOWES
Signature of Authorized Person

Form No. 631
Revised 09/07



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

May 20, 2024 08:52 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

