

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/1 401.2 Filling Period: June 1 - June 30 • Filling Fee: \$20.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G.L. 7-6-94, 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 remains the of \$25.00.

penalty fee of \$25.00.			•		
1 Corporate ID No.	2. Name of Corporation				
30/24	RHODE LSL	AND FEDERA	TION OF SQUARE	AND ROULID DA	NCE CLURS
3 State of Incorporation	i ^			[cii),	Zip
RHODE ISLAND	3 PALME	e Street	-	PORTSMOUTH	02871
5. Foreign corporation. Enter prin	icipal office address		City	State	Zψ
6 Brief Description of the character					
TO PROMOTE AN	D PRESERVE	SQUARE AN	D ROUND DANCIA	IG	
7. NAMES AND ADDRESSES	S OF THE OFFICERS	: ("X" ROY FOR ATTACE	MENT) [FILL IN SPACES	DUEADU HEINA ANTA AT	**********
President Name		. (A CONTOR ATTACK	Vice President Name	BEFORE USING ATTACE	IMENTS
RONALD JASON			ERIC SJOBLOM		
Street Address			Street Address		
183 DENISON HILL ROAD			42 FANNING LANE		
CON NORTH	State	Zip	City	State	Ζψ
STONINGTON	CONN.	06359	GREENVILLE	R.I.	02828
Secretary Name	1		Treasurer Name		
JOAN_	<u> </u>				
6342 FLAT RIVER ROAD			Street Address		
City	PIVER ROX	Zip			"
GREENE	R.T.	02827	City	State	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTOR	, ,	│ CHMENT)	BEFORE HOUSE ASSESSMENT	<u> </u>
THE NUMBER OF DIRECTO	ORS OF A DOMESTI	C (RHODE ISLAND)	COPPORATION SHALL NOT	BEFORE USING ATTACI	HMENTS
THE NUMBER OF DIRECTO Director Name	•	C (MIODE ISEAMD)	Director Name	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
DONALD DAVIS					
Mreet Address			Street Address		
8 ORRVILLE DRIVE			91 HAMILTON AVENUE		
City	State	Zip	City	State	Zip
MIDDLETOWN	R.I.	02842	WARWICK	R.T.	02886
Director Name			Director Name		10 2006
ERIC	SJOBLO	M			
Street Address 42 FANNING LANE			Street Address		
CHE PANNING	G LANE				
GREENVILLE	State T.	Zψ	City	State	Ζψ
9. REGISTERED AGENT IN I	PHODE ISLAND	02828	I		Į į
This information is currently of	of record in the Office	of the Secretary of State	e. Changes require filing of For	m 641 - R.I.G.L. 7-6-13/7-	-6-78
report must	or memor by cities t	ne i testuent, vice Pres	ident, Secretary, Assistant Se	cretary, Treasurer, Receiv	er or Trustee

FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date!JUN 03 2011	statements/contained herein/are true and correct.
Check No. By:	RONALD C. JASOW Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRESIDENT Title of Officer