



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2013

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000104271		2. Exact name of the Corporation Warwick Dance & Gymnastics Academy, Inc.			
3. Principal office address 18 Whitford Street			City Warwick	State RI	Zip 02889
4. Business Phone No. (401) 738-8730			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To establish, carry on and conduct a dancing and gymnastics school or dancing and gymnastics schools.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael T. White			Vice-President Name Lori Fogarty		
Street Address 20 Sunset Drive			Street Address 51 Hilton Road		
City West Kingston	State RI	Zip 02881	City Warwick	State RI	Zip 02889
Secretary Name Kristen Loughlin			Treasurer Name Kerrie Johnson		
Street Address 2 Field Stone Drive			Street Address 79 Vaughn Avenue		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael T. White			Director Name Lori Fogarty		
Street Address 20 Sunset Drive			Street Address 51 Hilton Road		
City West Kingston	State RI	Zip 02881	City Warwick	State RI	Zip 02889
Director Name Kristen Loughlin			Director Name Kerrie Johnson		
Street Address 2 Field Stone Drive			Street Address 79 Vaughn Avenue		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02886
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

FEB 21 2013

File Date _____
 Check No _____
 By: _____ BY _____

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.

Signature of Authorized Representative: Kerrie Johnson Date: 2/15/13

FOR SECRETARY OF STATE USE ONLY

Kerrie Johnson, Treasurer
 Print or Type Name of Authorized Representative