



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                     |                       |                                                                |                                                                     |                        |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------|---------------------------------------------------------------------|------------------------|-------------------------------|
| 1. Corporate ID No.<br>70337                                                                                                                                                                        |                       | 2. Name of Corporation<br>Jean DeLuca Dance & Gymnastics, Inc. |                                                                     |                        |                               |
| 3. Street Address Principal Business Office<br>1665 Hartford Avenue                                                                                                                                 |                       |                                                                | City<br>Johnston                                                    | State<br>Rhode Island  | Zip<br>02919                  |
| 4. Business Phone No.<br>401-942-3005                                                                                                                                                               |                       | 5. State of Incorporation<br>RHODE ISLAND                      |                                                                     |                        |                               |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>To own, manage and operate a facility for the instruction of all forms of the performing arts: dance and gymnastics. |                       |                                                                |                                                                     |                        |                               |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                   |                       |                                                                |                                                                     |                        |                               |
| President Name<br>Jean E. DeLuca                                                                                                                                                                    |                       |                                                                | Vice President Name<br>Norman T. DeLuca                             |                        |                               |
| Street Address<br>18 Jakes Way                                                                                                                                                                      |                       |                                                                | Street Address<br>18 Jakes Way                                      |                        |                               |
| City<br>Narragansett                                                                                                                                                                                | State<br>Rhode Island | Zip<br>02882                                                   | City<br>Narragansett                                                | State<br>Rhode Island  | Zip<br>02882                  |
| Secretary Name<br>Norman T. DeLuca                                                                                                                                                                  |                       |                                                                | Treasurer Name<br>Jean E. DeLuca                                    |                        |                               |
| Street Address<br>18 Jakes Way                                                                                                                                                                      |                       |                                                                | Street Address<br>18 Jakes Way                                      |                        |                               |
| City<br>Narragansett                                                                                                                                                                                | State<br>Rhode Island | Zip<br>02882                                                   | City<br>Narragansett                                                | State<br>Rhode Island  | Zip<br>02882                  |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                  |                       |                                                                |                                                                     |                        |                               |
| Director Name                                                                                                                                                                                       |                       |                                                                | Director Name                                                       |                        |                               |
| Street Address                                                                                                                                                                                      |                       |                                                                | Street Address                                                      |                        |                               |
| City                                                                                                                                                                                                | State                 | Zip                                                            | City                                                                | State                  | Zip                           |
| Director Name                                                                                                                                                                                       |                       |                                                                | Director Name                                                       |                        |                               |
| Street Address                                                                                                                                                                                      |                       |                                                                | Street Address                                                      |                        |                               |
| City                                                                                                                                                                                                | State                 | Zip                                                            | City                                                                | State                  | Zip                           |
| 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.                                          |                       |                                                                | ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED               |                        |                               |
|                                                                                                                                                                                                     |                       |                                                                | Number of Shares<br>100                                             | Class/Series<br>Common | Par Value<br>\$1.00 Par Value |
|                                                                                                                                                                                                     |                       |                                                                |                                                                     |                        |                               |

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**

**MAR 06 2013**

|                                 |
|---------------------------------|
| File Date _____                 |
| Check No. _____                 |
| By: _____                       |
| FOR SECRETARY OF STATE USE ONLY |

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.

Jean E. DeLuca 1-28-13  
Signature Date  
Jean E. DeLuca  
Print or Type Name  
President  
Title