



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

Fee: \$50.00

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

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**Business Corporation
Annual Report**

Filing Period: January 1 - March 1



Help with this form

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.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000003669

2. Name of Corporation CAROUSEL DANCE STUDIO, INC.

3. Street Address Principal Business Office:

No. and Street: 208 KING PHILIP STREET

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

SECRETARY OF STATE
CORPORATIONS DIV
2013 MAR 11 PM 2:13

4. Business Phone No.

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

DANCE INSTRUCTION IN THE PERFORMING ARTS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	ELAINE COLANERI	151 HAZELTON STREET

CRANSTON, RI 02920 USA

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:
 Address: City: State: Zip: Country:

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0000	500.00	0.00

9. 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:
 Business Name:
 No. and Street: - Same Address as -
 City or Town: State: Zip: Country:
 Contact Phone: ext:
 Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 11 Day of March, 2013 at 2:11:17 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ELAINE COLANERI *Elaine Colaneri*
 Signature of Authorized Representative of the Corporation

PRESIDENT
 Title

FILED *C*

MAR 11 2013

BY *CR 192275*

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this



Accept Decline

[Click HERE to Submit This Information](#)

Form No. 630
Revised 09/07

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