



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 30742		2. Exact name of the Corporation The Young Peoples School for the Performing Arts	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Teaching Theater/Life Skills/Self Esteem Skills to Students Grades 4-12	
5. Principal office address 23 Cone Dr.		City West Warwick	State RI
		Zip 02893	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name DIANE Verdolotti		Vice-President Name Stephen Lowe	
Street Address 23 Cone Dr		Street Address 16 Fort Hill Rd.	
City West Warwick	State RI	City Bristol	State RI
Zip 02893		Zip 02809	
Secretary Name Daniel Lareau		Treasurer Name DIANE Verdolotti	
Street Address 19 Pamden Lane		Street Address 23 Cone Dr	
City Seekonk	State MA	City West Warwick	State RI
Zip 02771		Zip 02893	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name DIANE Verdolotti		Director Name Monique Lareau	
Street Address 23 Cone Dr.		Street Address 19 Pamden Lane	
City West Warwick	State RI	City Seekonk	State MA
Zip 02893		Zip 02771	
Director Name Daniel Lareau		Director Name Nicole Allison	
Street Address 19 Pamden Lane		Street Address 19 Pamden Lane	
City Seekonk	State MA	City Seekonk	State MA
Zip 02771		Zip 02771	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 04 2013

BY 261

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.

Diane Verdolotti

Signature of Officer

Date

6/3/13

DIANE Verdolotti

Print or Type Name of Officer

President

Title of Officer