RI SOS Filing Number: 201442155640 Date: 07/01/2014 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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.	2. Exact name of the Corporation
000116217	Shoreline Dance, Inc.
3. State of Incorporation: R.I.	4. Brief description of the character of business conducted in Rhode Island: To further develop interest in the area of classical dance by a community based organization.

5. Principal office address	City	State	Zip
155 High St.,	Wakefield	RI	02879

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Lu-Anne Cox	Donald L. Cox
Street Address: 194 Estelle Dr.	Street Address: 194 Estelle Dr.
City: W. Kingston State: RI Zip: 02892	City: W. Kingston State: RI Zip: 02892
Secretary Name	**Treasurer Name**
Caroline Cox	Lu-Anne Cox
Street Address: 56 Curson St.	Street Address: 194 Estelle Dr.
City: W. Warwick State: RI Zip: 02892	City: W. Kingston State: RI Zip: 02892

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Lu-Anne Cox	Donald Cox
Street Address: 194 Estelle Dr.	Street Address: 194 Estelle Dr.
City: W. Kingston State: RI Zip: 02892	City: W. Kingston State: RI Zip: 02892
Director Name: Christine Palmer	Director Name: Vaso Williams
Street Address: 1158 Sisson Rd.	Street Address: 5 Kenyon Rd.
City: Greene State: RI Zip: 02827	City: Waterford State: CT Zip: 06385

8. REGISTERED AGENT IN RHODE ISLAND Donna Burke, Esq.

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, duly Authorized Representative, Receiver or Trustee

File Date FILED

Check No JUL 01 2014

By: 22677

FOR SECRETARY OF STATE USE ONLY 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.

Lu Anne Cox 6/20/2014
Signature of Officer or Authorized Representative Date

Lu-Anne Cox
Print or Type Name of Officer or Authorized Representative

108830-2-976945