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. 000116217	2. Exact name of the Corporation 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 155 High St.,			City Wakefield	State RI	Zip 02879
6. LIST **ALL** OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Lu-Anne Cox			Vice-President Name 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 Caroline Cox			Treasurer Name 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 Lu-Anne Cox			Director Name 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

2014 JUL -1 AM 10:44

File Date FILED

Check No JUL 01 2014

By: CV 227677

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.

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