



**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

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. <b>000843047</b>		2. Exact name of the Corporation <b>Elite Competitive Dancers</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>To Fundraise to help our dancers pay for their competition fees and costs.</b>			
5. Principal office address <b>12 Clayton Street</b>		City <b>Pawtucket</b>		State <b>RI</b>	Zip <b>02861</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Rachel Felder</b>		Vice-President Name <b>Gail Atamian</b>			
Street Address <b>12 Clayton street</b>		Street Address <b>205 Oakhill Ave</b>			
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
Secretary Name <b>Robyn Giragosian</b>		Treasurer Name <b>Maria Arroyo</b>			
Street Address <b>77 Meadow Street</b>		Street Address <b>171 Sabin St.</b>			
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
<b>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"/></b>					
Director Name <b>Gail Atamian</b>		Director Name <b>Robyn Giragosian</b>			
Street Address <b>208 Oakhill Ave</b>		Street Address <b>77 Meadow St.</b>			
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>Rachel Felder</b>		Director Name <b>Maria Arroyo</b>			
Street Address <b>12 Clayton St.</b>		Street Address <b>171 Sabin St.</b>			
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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 \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 634

Revised: 04/2014

**FILED**

**FEB 26 2015**

**243288**

**KM**

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.

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative