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.	2. Exact name of the Corporation
000843047	**Elite Competitive Dancers**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**To Fundraise to help our dancers pay for their competition fees and costs.**

5. Principal office address	City	State	Zip
12 Clayton Street	**Pawtucket**	**RI**	**02861**

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

President Name	Street Address	City	State	Zip
Rachel Felder	**12 Clayton street**	**Pawtucket**	**RI**	**02860**

Vice-President Name	Street Address	City	State	Zip
Gail Atamian	**205 Oakhill Ave**	**Seekonk**	**MA**	**02771**

Secretary Name	Street Address	City	State	Zip
Robyn Giragosian	**77 Meadow Street**	**Pawtucket**	**RI**	**02860**

Treasurer Name	Street Address	City	State	Zip
Maria Arroyo	**171 Sabin St.**	**Pawtucket**	**RI**	**02860**

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

Director Name	Street Address	City	State	Zip
Gail Atamian	**208 Oakhill Ave**	**Seekonk**	**MA**	**02771**

Director Name	Street Address	City	State	Zip
Robyn Giragosian	**77 Meadow St.**	**Pawtucket**	**RI**	**02860**

Director Name	Street Address	City	State	Zip
Rachel Felder	**12 Clayton St.**	**Pawtucket**	**RI**	**02861**

Director Name	Street Address	City	State	Zip
Maria Arroyo	**171 Sabin St.**	**Pawtucket**	**RI**	**02860**

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, duly Authorized Representative, Receiver or Trustee

File Date _____ 12:12pm
Check No _____ **FILED**
By: _____ FEB 26 2015
FOR SECRETARY OF STATE USE ONLY By 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.

2/23/15
Signature of Officer or Authorized Representative — Date

Rachel Felder
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014