



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000953026

2. Name of Corporation SINGING THE DREAM RHODE ISLAND

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 99 TAFT AVENUE

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

CONVENING AN ANNUAL MULTI-CULTURAL COMMUNITY-BASED EVENT TO
CELEBRATE THE LEGACY OF REV. DR. MARTIN LUTHER KING JR. AND ASSOCIATED
EDUCATIONAL PROGRAMS AND EVENTS THROUGHOUT THE YEAR

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------|--|--|
| DIRECTOR | CANTOR DR, BRIAN J. MAYER | 99 TAFT AVENUE PROVIDENCE, RI 02906 USA |
| DIRECTOR | JUDITH S. GREENBLATT | 99 TAFT AVENUE |

| | | |
|----------|----------------------|--|
| | | PROVIDENCE, RI 02906 USA |
| DIRECTOR | MIRIAM A. ROSS, ESQ. | 10 ELMGROVE AVENUE PROVIDENCE, RI 02906 USA |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MIRIAM A. ROSS, ESQ. 10 ELMGROVE AVENUE PROVIDENCE , RI 02906

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 20 Day of July, 2015 at 10:53:30 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By BRIAN J. MAYER
Signature of Authorized Person

Form No. 631
Revised 09/07

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