



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. 000160986

2. Name of Corporation DAMHSA Irish Dance Foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 400 WARWICK AVENUE
#9

City or Town: WARWICK

State: RI Zip: 02888 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

TO PROMOTE THE CULTURE OF IRISH DANCE BY PROVIDING UNIQUE OPPORTUNITIES FOR STUDENTS TO DEMONSTRATE THEIR SKILLS; AND TO PROVIDE OPPORTUNITIES FOR AUDIENCES TO EXPERIENCE THIS CULTURAL ART FORM WHO MIGHT NOT OTHERWISE BE EXPOSED TO IT.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	COLLEEN M KENYON	42 XAVIER COURT

		WARWICK, RI 02888 USA
DIRECTOR	GRAINNE LANIGAN	63 COUNTRY CLUB DRIVE WARWICK, RI 02888- USA
DIRECTOR	MARIANNE J. BEIRNE	44 LAWN AVENUE WARWICK, RI 02888 USA
DIRECTOR	MYRIAM LANIGAN	63 COUNTRY CLUB DRIV E WARWICK, RI 02888 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**

MICHAEL J. BROPHY, ESQ. 44 LAWN AVENUE WARWICK , RI 02888

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

Signed this 2 Day of September, 2015 at 10:25:56 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 MARIANNE J. BEIRNE
Signature of Authorized Person

Form No. 631
Revised 09/07

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