

State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Articles of Incorporation Business Corporation

Filing Fee: \$230.00 minimum

The name of the corporation is:				
CENTERSTAGE DANCE ACADEMY				
Is this a close corporation pursua	ant to <u>RIGL 7-1.2-1701</u> of the General I	Laws, 1956, as amended?	Yes 🔽 No	
2. The total number of shares which to the control of the control	the corporation has the authority to issuit rized shares are deemed to have a nor	ue is: (<u>RIGL 7-1.2-605)</u> ninal or par value of \$0.01 p	er share.)	
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per		
3000	common	no par value	no par value	
		<u></u>		
f you desire, you may include a statem	nent of all or any of the designations and itations, or restrictions of them which are	e permitted by the provisions (DI <u>KIGL /-1.2</u>	
voting rights, and the qualifications, lim	nent of all or any of the designations and itations, or restrictions of them which are	the power, preferences, and permitted by the provisions of Check this box to indicate ar	DI <u>KIGL /-1.2</u>	
voting rights, and the qualifications, lim State any provisions here (optional):	nent of all or any of the designations and itations, or restrictions of them which are	Check this box to indicate ar	DI <u>KIGL /-1.2</u>	
voting rights, and the qualifications, lim State any provisions here (<i>optional</i>):	itations, or restrictions of them which are	Check this box to indicate ar	DI <u>KIGL /-1.2</u>	
voting rights, and the qualifications, lim State any provisions here (optional): 3. The name and address of the initial Agent Name Gregory J Schadone Street Address (NOT a P.O. Box)	itations, or restrictions of them which are	Check this box to indicate ar	DI <u>KIGL /-1.2</u>	

FILED

FEB 0 5 2016

By 26/1027

Form No. 100 Revised: 2015

as stated in the by laws			
			Check this box to indicate an attachment.
6. The name and address of	each incorporator is: (<u>RIC</u>		
Name Tina Vittorioso		Address 36 Capri Drive	
City/Town Johnston	State RI		Zip Code 02919
Name		Address	
City/Town	State		Zip Code
Name		Address	
City/Town	State		Zip Code
7. Date when these Articles of	l of Incorporation will be effe	ctive: CHECK ONI	Y ONE BOX
✓ Date received (Upon filing)	ng)		
Later effective date (Date	te must be no more than 9	0 days from the da	y of filing)
Under penalty of perjury, I/we accompanying attachments,	* 1		these Articles of Incorporation, including any true and correct.
Signature of Incorporator			Date
that the	U30		2/3/16
Signature of Incorporator			Date
Signature of Incorporator			Date

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.