



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|---|--------------------|--|---|---------------------|---------------------|
| 1. Entity ID No. 000791544 | | 2. Exact name of the Corporation IDANCE ACADEMY INC. | | | |
| 3. Principal office address 640 Ten Rod Road | | City North Kingstown | State RI | Zip 02852 | |
| 4. Business Phone No. 508-406-8935 | | 5. State of Incorporation RI | | | |
| 6. Brief description of the character of business conducted in Rhode Island Dance Studio | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Kelly Rountree | | | Vice-President Name Kelly Rountree | | |
| Street Address 640 Ten Rod Road | | | Street Address 640 Ten Rod Road | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| Secretary Name Kelly Rountree | | | Treasurer Name Kelly Rountree | | |
| Street Address 640 Ten Rod Road | | | Street Address 640 Ten Rod Road | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Kelly Rountree | | | Director Name | | |
| Street Address 640 Ten Rod Road | | | Street Address | | |
| City North Kingstown | State RI | Zip 02852 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 100 | Common | No Par Value |
| | | | | | |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Kelly Rountree
Signature of Authorized Representative

2/20/16
Date

Kelly Rountree
Print or Type Name of Authorized Representative

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 14 2016

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A.A. 12:30p.m.