



**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

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
48025		EXCITE! DANCE COMPANY			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		formation of a dance company for participation in dance competitions by the students of Marie K. Jennison School of Dance who audition for positions in the company			
5. Principal Office Address		City	State	Zip	
C/O Bradley L. Steere, 1160 Putnam Pike, P.O. Box 315		Chepachet	RI	02814	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name None			Vice-President Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name April J. Whitecross			Treasurer Name April J. Whitecross		
Street Address 11 New Road			Street Address 11 New Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name April J. Whitecross			Director Name Timothy B. Whitecross		
Street Address 11 New Road			Street Address 11 New Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Director Name Bradley L. Steere			Director Name		
Street Address 1160 Putnam Pike, P. O. Box 315			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative April J. Whitecross, Secretary				Date 6/1/16	
Signature of Officer/Authorized Representative <i>April J. Whitecross</i>				SIGN DOCUMENT HERE	

FILED
JUN 06 2016

BY 0507 DS