



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: 2016

1. Corporate ID No. 000799873

2. Name of Corporation NorthWest Competitive Cheer

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 30 ABBI LANE

City or Town: HOPE State: RI Zip: 02831 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 30 ABBI LANE

City or Town: HOPE State: RI Zip: 02831 Country: UNI

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

RECREATIONAL CHEER PROGRAM

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	JULI DEXTER DEXTER	30 ABBI LANE HOPE, RI 02831 USA
TREASURER	LYNN FRANCAZIO	7 WOODSONG DR. NO. SCITUATE, RI 02857 USA
SECRETARY	KAREN CHAMPAGNE	62 REGINA DR.

		NO. SCITUATE, RI 02857 USA
VICE PRESIDENT	JEREMY A DEXTER	30 ABBI LANE HOPE, RI 02831 USA
DIRECTOR	KRISTI PICKARD	22 SHIPPEE SCHOOLHOUSE RD. FOSTER, RI 02825 USA
DIRECTOR	NADINE POLSENO	661 HARTFORD PIKE NO. SCITUATE, RI 02857 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**

JULI DEXTER 30 ABBI LANE HOPE , RI 02831

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

Signed this 30 Day of August, 2016 at 10:08:15 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 JULI DEXTER
Signature of Authorized Person

Form No. 631
Revised 09/07

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