



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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BUS SVCS DIV
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1. Entity ID Number <u>090753341</u>		2. Exact name of the Corporation <u>The House of Mood</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Theater</u>			
5. Principal Office Address <u>21 Broad Street</u>		City <u>Pawtucket</u>		State <u>RI</u>	Zip <u>02860</u>
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Jennifer Harricharan</u>			Vice-President Name		
Street Address <u>21 Broad St</u>			Street Address		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name <u>Daniel Harricharan</u>			Director Name <u>Alana Marseglior</u>		
Street Address <u>18 Hazael St</u>			Street Address <u>11 Wilshire Dr</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
Director Name <u>GO Eckard</u>			Director Name		
Street Address <u>37-39 Hazael St</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <u>Jennifer Harricharan</u>					Date <u>9/26/16</u>
Signature of Officer/Authorized Representative <u>J-M. Harris</u>					SIGN DOCUMENT HERE

FILED

SEP 26 2016

BY CA 284334

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016