



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 24124		2. Name of Corporation MARIE K. JENNISON SCHOOL OF DANCE			
3. Street Address Principal Business Office 586 PUTNAM PIKE			City GREENVILLE	State RI	Zip 02828
4. Business Phone No. 401-949-0350		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island INSTRUCTION OF POINT, JAZZ + BALLET					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name APRIL J. WHITBROOK			Vice President Name TIMOTHY B. WHITBROOK		
Street Address 11 NEW RD			Street Address 11 NEW RD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
Secretary Name SAME ↑			Treasurer Name SAME ↑		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name APRIL J. WHITBROOK			Director Name		
Street Address 11 NEW RD			Street Address		
City CHEPACHET	State RI	Zip 02814	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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series	Par Value 0

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

TIMOTHY B. WHITBROOK 22 JAN 2017
Signature Date
TIMOTHY B. WHITBROOK
Print or Type Name
VP TREASURER
Title

FILED
JAN 25 2017

BY **13910 DS**