



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

Please mail signed report and \$50.00
filing fee to:
Department of State
Business Services Division
148 W. River Street
Providence, RI 02904-2615

1. Entity ID Number 664978		2. Exact name of the Corporation MOVES AFTER SCHOOL, INC.			
3. Principal Office Address 35 DYER STREET		City PORTSMOUTH		State RI	Zip 02871
4. NAICS Code 61	6. Brief description of the character of business conducted in Rhode Island AFTER SCHOOL ENRICHMENT PROGRAM AND DANCE STUDIO				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LISA M. MAILLOUX			Vice-President Name DAVID MAILLOUX		
Street Address 40 LAUREN DRIVE			Street Address 40 LAUREN DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name DAVID MAILLOUX			Treasurer Name LISA M. MAILLOUX		
Street Address 40 LAUREN DRIVE			Street Address 40 LAUREN DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		COMMON		NO PAR	
11. 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.					
Name of Authorized Representative LISA M. MAILLOUX, PRESIDENT					Date 2/28/17
Signature of Authorized Representative 					

FILED

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov