RI SOS Filing Number: 201738706080 Date: 3/24/2017 12:59:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

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2017 MAR 24 PM 12: 57

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

1. Entity ID Number	2. Exact name of the Corporation					
000566581	Girls Rock! Rhode Island					
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
RI	To pravide opportunities for girls and					
	women to express themselves through music a se come independent creators of culture			11/1/e		
5. Principal Office Address			Providence	State	Zip	
70 Box 3475			France	RI	02909	
6. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Geoff Griftin			Vice-President Name Delia Korac			
Street Address 3 6 Langham Ed		Street Address 164 Calla Street				
City Providence	State (2ip 2906	City providence	State	2ip 02905	
Secretary Name	KhaN		Treasurer Name			
Street Address 9 Slocum Street			Street Address Bartlett Ave Sites			
City Providence	State	zip2909	City providence	State (Zip2 905	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name			Director Name			
Street Address		Street Address				
City	State	Zip	City	State	Zip	
Director Name		Director Name				
Street Address		Street Address				
City	State	Zip	City	State	Zip	
8. Registered Agent in Rhode Islan	d. This information	is currently of record	in the Department of State. Changes re	 equire filing Form 641		
Under penalty of perjury, I declar statements, and that all statemen				npanying schedul	es and	
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 Date 3.23.17				. 17		
Signature of Officer/Authorized Representative						
gan si en en						
AIL TO: 12.59						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 631 - Revised: 02/2017

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