



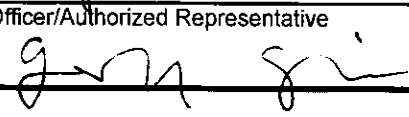
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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1. Entity ID Number 000566581		2. Exact name of the Corporation Girls Rock! Rhode Island	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To provide opportunities for girls and women to express themselves through music and become independent creators of culture	
5. Principal Office Address PO Box 3475		City Providence	State RI
		Zip 02909	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Geoff Griffin		Vice-President Name Delia Kowac	
Street Address 36 Langham Rd		Street Address 164 Calla Street	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02905	
Secretary Name Nealia Khan		Treasurer Name Kyle MacDonald	
Street Address 9 Slocum Street		Street Address 175 Bartlett Ave	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02905	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Geoff Griffin			Date 3.23.17
Signature of Officer/Authorized Representative 			

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

FILED
12:58
MAR 24 2017
BY **299160**

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