State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	20
Non-Profit Corporation	

017

-> 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 48025		2. Exact name of the Corporation EXCITE! DANCE COMPANY				
3. State of Incorporation	5. Brief descript	5. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	formation of	formation of a dance company for participation in dance competitions by the students				
4. NAICS Code	of Marie K. J	ennison Scho	ol of Dance who audition t	for positions		
624110 - Child and Youth S	e					
6. Principal Office Address			City	State	Zip	
C/O Bradley L. Steere, 1160 Putnam Pike, P. O. Box 315			Chepachet	RI	02814	
7. List ALL officers (names and a	addresses)			heck the box to indicat	e an attachment	
President Name None			Vice-President Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Secretary Name April J. Whitecross			Treasurer Name April J. Whitecross			
Street Address 11 New Road			Street Address 11 New Road			
^{City} Chepachet	State RI	^{Zip} 02814	City Chepachet	State RI	^{Zip} 02814	
8. List ALL directors (names and	addresses). RI Cor	porations MUST	list at least THREE directors.	Check the box to ind	icate an attachment	
Director Name April J. Whitecross			Director Name Timothy B. Whitecross			
Street Address 11 New Road			Street Address 11 New Road			
^{City} Chepachet	State RI	^{Zip} 02814	City Chepachet	State RI	^{Zip} 02814	
Director Name Bradley L. Steere			Director Name			
Street Address 1160 Putnam Pike, P. O. Box 315		Street Address				
City Chepachet	State RI	^{Zip} 02814	City	State	Zip	
9. Registered Agent in Rhode Isla	and. This information	is currently of reco	ord in the Department of State. Cha	inges require filing Form (541.	
Under penalty of perjury, I decistatements, and that all statem				accompanying sched	fules and	
This report must be signed by either the P	resident, Vice-President,	Secretary, Assistant	Secretary, Treasurer, duly Authorized R	epresentative, Receiver or Tr	ustee.	
Name of Officer/Authorized Repr				Date	1117	
April J. Whitecross, Secretary				6//	///	
Signature of Officer/Authorized R	epresentative					
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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