



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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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BUS SVCS DIV

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1. Entity ID Number 485699		2. Exact name of the Corporation Beyond Dance	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To support the overall growth + well being of children involved in dance, cheer + athletic activities. It is our goal to allow children to attend expanded training programs, nationals, competitions and special events.	
4. NAICS Code 813319			
6. Principal Office Address 161 Harrison St		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Tanya Cardin		Vice-President Name Carmen Avila	
Street Address 455 Armistice Blvd		Street Address 55 Annie St	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02861	
Secretary Name Azzys Rodas		Treasurer Name Mellany Rodas	
Street Address 291 Walcott St		Street Address 291 Walcott St	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Tanya Cardin		Director Name Carmen Avila	
Street Address 455 Armistice Blvd		Street Address 55 Annie St	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
Director Name Jeffrey Coots		Director Name	
Street Address 455 Armistice Blvd		Street Address	
City Pawtucket	State RI	City	State
Zip 02861		Zip	
9. 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 Tanya Cardin			Date
Signature of Officer/Authorized Representative <i>Tanya Cardin</i>			FILED

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

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