RI SOS Filing Number: 201746650760 Date: 6/28/2017 2:41:00 PM



State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

- **1. Corporate ID No.** 001668751
- 2. Name of Corporation SHINING STARS DANCE TEAM ASSOCIATION
- 3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

6

Fee: \$20.00

624110

4. Corporate Address in Rhode Island

No. and Street: 15 CENTREDALE AVENUE

City or Town: NORTH PROVIDENCE State: RI Zip: 02911 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO FOSTER THE DEVELOPMENT AND GROWTH OF DANCERS AS ATHLETES AND ARTISTS BY PROVIDING FINANCIAL SUPPORT THROUGH FUNDRAISING TO ASSIST WITH THE COSTS ASSOCIATED WITH A DANCER'S EDUCATION INCLUDING BUT NOT LIMITED TO TRAINING, COMPETITIONS AND OTHER PROGRAMS RELATED TO DANCE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
inte	individual Name	Audress
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
INCORPORATOR	JOHANNA L PETRARCA	15 CENTREDALE AVENUE
		NORTH PROVIDENCE, RI 02911 USA
		NORTH ROVIDENCE, RI 02911 00A
DIRECTOR	CHRISTINE TARVIS	60 ROOSEVELT ST.
		WARWICK, RI 02888 USA
DIRECTOR	CELESTE HARRIS	35 ASTER ST.
		WARWICK, RI 02888 USA
		WARWICK, IN 02000 OOA
DIRECTOR	AMY CONTI	40 PONDEROSA DR.
		WEST WARWICK, RI 02893 USA
DIRECTOR	SANDY SOARES	28 CARPENTER ST.
		PAWTUCKET, RI 02860 USA
DIRECTOR	JOHANNA L PETRARCA	15 CENTREDALE AVE.
		NORTH PROVIDENCE, RI 02911 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOHANNA L PETRARCA 15 CENTREDALE AVENUE NORTH PROVIDENCE, RI 02911

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of June, 2017 at 2:43:04 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JOHANNA L. PETRARCA
Signature of Authorized Person

Form No. 631 Revised 09/07

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