



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

No Fee

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

**Domestic Non-Profit
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 001668751

2. Name of Corporation SHINING STARS DANCE TEAM ASSOCIATION

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 [click here](#).

NAICS Code

6

713990

3. State of Incorporation

State: RI

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: 15 CENTREDALE AVENUE

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02911

Country: USA

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------------------|---|---|
| PRESIDENT | JOHANNA L PETRARCA | 15 CENTREDALE AVENUE NORTH PROVIDENCE, RI 02911 USA |
| TREASURER | ANGELA COLE | 85 LUCY AVENUE TIVERTON, RI 02878 USA |
| SECRETARY | MELISSA TELLIER | 3 BELAIRE DRIVE JOHNSTON, RI 02919 USA |
| COMMUNICATIONS DIRECTOR/PR | DARLENE CLARKE | 29 HEREFORD ST., APT. 1 PROVIDENCE, RI 02908 USA |
| VICE PRESIDENT | ASHIA M. GRAZIANO | 64 ALBERT AVENUE CRANSTON, RI 02905 USA |
| DIRECTOR | JOHANNA L PETRARCA | 15 CENTREDALE AVE. NORTH PROVIDENCE, RI 02911 USA |
| DIRECTOR | ANGELA COLE | 85 LUCY AVENUE TIVERTON, RI 02878 USA |
| DIRECTOR | MELISSA TELLIER | 3 BELAIRE DRIVE JOHNSTON, RI 02919 USA |
| DIRECTOR | ASHIA M. GRAZIANO | 64 ALBERT AVENUE CRANSTON, RI 02905 USA |
| DIRECTOR | DARLENE CLARKE | 29 HEREFORD ST., APT. 1 PROVIDENCE, RI 02908 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

Signed this 9 Day of August, 2017 at 8:45:22 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