



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

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 147965		2. Exact name of the Corporation Stage Door Dance, Inc.			
3. Principal Office Address 724 Middle Rd		City Portsmouth	State RI	Zip 02871	
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island To provide dancing school services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Tracey Alvaras			Vice-President Name Leslie Zeile		
Street Address 724 Middle Rd			Street Address 724 Middle Rd		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Leslie Zeile			Treasurer Name Tracey Alvaras		
Street Address 724 Middle Rd			Street Address 724 Middle Rd		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 800	CLASS/SERIES Common	PAR VALUE 1.01
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative Tracey C Alvaras					Date 2/27/18
Signature of Authorized Representative Tracey C Alvaras					FILED

MAR 08 2018

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