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 | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 147965 | Stage Door Dance, Inc. | | | |
| 3. Principal Office Address | | City | State | Zip |
| 724 Middle Rd | | Portsmouth | RI | 02871 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 812990 | 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 | Street Address | City | State | Zip |
|---|---|---|---|---|
| Tracey Alvanas | 724 Middle Rd | Portsmouth | RI | 02871 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Leslie Zeile | 724 Middle Rd | Portsmouth | RI | 02871 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Leslie Zeile | 724 Middle Rd | Portsmouth | RI | 02871 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Tracey Alvanas | 724 Middle Rd | Portsmouth | RI | 02871 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | 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 | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 800 | Common | $.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 | Date |
|---|---|
| Tracey C Alvanas | 2/27/18 |

Signature of Authorized Representative: Tracey C Alvanas SIGN DOCUMENT HERE **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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**FORM 630 - Revised: 10/2017**