RI SOS Filing Number: 201865892830 Date: 5/16/2018 4:00:00 PM

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

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CORPORATIONS DIV
2018 MAY 16 PM 12:51

Annual Report for the year: 2018
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.

1. Entity ID Number	2. Exact name of the Corporation
001657258	Bee in Motion
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Mobil music & therapy workshop for adults & children with varied abilities & disabilities. Hosting evening events to help adults of disabilities be out in the community.
4. NAICS Code: 621340	

6. Principal Office Address	City	State	Zip
1577 Westminster St Box # 202	Providence	RI	02909

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

President Name	Vice-President Name
Dennis Harvey	Dawn Brew, honorary VP
Street Address: 1577 Westminster St Box # 202	Street Address:
City: Providence State: RI Zip: 02909	City: North Kingstown State: RI Zip: 02852
Secretary Name: Roger Monk	Treasurer Name: Holly Horton
Street Address: 145 Massasoit Dr	Street Address: 209 School St
City: Warwick State: RI Zip: 02888	City: North Kingstown State: RI Zip: 02852

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Carol Wilson	Roger Monk
Street Address: 46 Hopkins Lane	Street Address: 145 Massasoit
City: South Kingstown State: RI Zip: 02879	City: Warwick State: RI Zip: 02888
Director Name: Dennis Harvey	Director Name:
Street Address: 1577 Westminster St	Street Address:
City: Providence State: RI Zip: 02909	City: State: 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: Dennis Harvey
Date: 5/16/18
Signature of Officer/Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED on MAY 16 2018
C25351646

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

FORM 631 — Revised 01/2017