



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

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 116217		2. Exact name of the Corporation Shoreline Dance, Inc.			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Dance education to enhance the existing programs offered in the community.			
4. NAICS Code 711310					
6. Principal Office Address 194 Estelle Dr.			City West Kingston	State RI	Zip 02892
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lu-Anne Cox			Vice-President Name Donald L. Cox		
Street Address 194 Estelle Dr.			Street Address 194 Estelle Dr.		
City W. Kingston	State RI	Zip 02892	City W. Kingston	State RI	Zip 02892
Secretary Name Caroline Cox			Treasurer Name Lu-Anne Cox		
Street Address 194 Estelle Dr.			Street Address 194 Estelle Dr.		
City W. Kingston	State RI	Zip 02892	City W. Kingston	State RI	Zip 02892
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lu-Anne Cox			Director Name Caroline Cox		
Street Address 194 Estelle Dr.			Street Address 194 Estelle Dr.		
City W. Kingston	State RI	Zip 02892	City W. Kingston	State RI	Zip 02892
Director Name Christine Palmer			Director Name		
Street Address 115B Sisson Rd.			Street Address		
City Greene	State RI	Zip 02827	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 Lu-Anne Cox					Date 6/05/2018
Signature of Officer/Authorized Representative					

FILED

JUN 11 2018

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