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SECRETARY OF STATE  
CORPORATIONS DIV



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2018 JUN 19 AM 10:48

Annual Report for the year: 2018  
Non-Profit Corporation

STAMP

- 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 <b>000753341</b>		2. Exact name of the Corporation <b>The House of Mood</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Theatre Performance Arts</b>			
4. NAICS Code <b>711310</b>					
6. Principal Office Address <b>21 Broad Street</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Jennier Harricharan</b>		Vice-President Name			
Street Address <b>21 Broad St</b>		Street Address			
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 <b>Daniel Harricharan</b>		Director Name <b>ED EKARD</b>			
Street Address <b>18 Hazael St</b>		Street Address <b>37-39 Hazael St</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>Alaina Narseglia</b>		Director Name			
Street Address <b>11 Wildacre Dr</b>		Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	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.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>J.M. Harricharan</b>		<b>FILED</b>		Date <b>6/19/18</b>	
Signature of Officer/Authorized Representative <b>Jennier Harricharan</b>		<b>JUN 19 2018</b>			
		SIGN DOCUMENT HERE			