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

FILED
FEB 19 2019
BY 911

Annual Report for the year: 2019
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		
695458	**Rumford Dance Theatre, Inc.**		
3. Principal Office Address	City	State	Zip
321-323 Warren Avenue	**East Providence**	**RI**	**02914**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
711310	**Dance studio/theatre**		
5. State of Incorporation			
Ri			

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

President Name **Cindy Racinski**			Vice-President Name **Cindy Racinski**		
Street Address **15 Blanding Avenue**			Street Address **15 Blanding Avenue**		
City **Barrington**	State **RI**	Zip **02806**	City **Barrington**	State **RI**	Zip **02806**
Secretary Name **Cindy Racinski**			Treasurer Name **Cindy Racinski**		
Street Address **15 Blanding Avenue**			Street Address **15 Blanding Avenue**		
City **Barrington**	State **RI**	Zip **02806**	City **Barrington**	State **RI**	Zip **02806**

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

Director Name **Cindy Racinski**			Director Name **None**		
Street Address **15 Blanding Avenue**			Street Address		
City **Barrington**	State **RI**	Zip **02806**	City	State	Zip
Director Name **None**			Director Name **None**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**Common**	**No Par Value**

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
Cindy Racinski, President	

Signature of Authorized Representative: X Cindy Racinski SIGN DOCUMENT HERE

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 630 - Revised: 10/2017