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	Vice-President Name
Cindy Racinski	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	Director Name
Cindy Racinski	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