



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

Annual Report for the year:
Non-Profit Corporation

2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF STATE
CORPORATIONS DIV.

2019 APR 16 AM 9:09

1. Entity ID Number 001666471		2. Exact name of the Corporation Beyond the Barre Yellow Jackets	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non profit recreational dance team	
4. NAICS Code 624190			
6. Principal Office Address 142 Aldrich Rd.		City N. Scituate	State RI
		Zip 02857	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Shaina Ziegler		Vice-President Name	
Street Address 142 Aldrich Rd.		Street Address	
City N. Scituate	State RI	Zip 02857	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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 Shaina Ziegler		Director Name Bernadette Ziegler	
Street Address 142 Aldrich Rd.		Street Address 35 Hawthorne St.	
City N. Scituate	State RI	Zip 02857	City N. Attleboro
			State MA
			Zip 02760
Director Name Michael Furia		Director Name	
Street Address 142 Aldrich Rd.		Street Address	
City N. Scituate	State RI	Zip 02857	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 Shaina D. Ziegler			Date 4.16.19
Signature of Officer/Authorized Representative <i>Shaina D. Ziegler</i>			FILED APR 16 2019 9:09

MAIL TO:
Division of Business Services
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