



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

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year:
Non-Profit Corporation

2018

2019 APR 16 AM 9:09

- 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 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 ☐					
President Name Shaina Ziegler			Vice-President Name		
Street Address 142 Aldrich Rd.			Street Address		
City N. Scituate	State RI	Zip 02857	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 ☐					
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>			APR 16 2019 BY <i>ac F422N</i> 9:09		

MAIL TO:
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