State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 001666226

2. Name of Corporation JOHNSTON DANCE AND PERFORMING ARTS

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code 6

813990

4. Corporate Address in Rhode Island

No. and Street: 11 SIMMONS STREET
City or Town: JOHNSTON State: RI Zip: 02919 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PRESENT THEATER AND DANCE PRODUCTIONS FOR THE EDUCATION, ENTERTAINMENT, AND INSPIRATION OF THE COMMUNITY, TO DEVELOP THE SKILLS AND ARTISTIC TALENTS OF COMPANY MEMBERS AND OTHER INTERESTED PERSONS, TO ENGAGE IN AND SUBSIDIZE ACTIVITIES DESIGNED TO FOSTER THE FOREGOING PURPOSES OF THE CORPORATION AS LIMITED BY THE LAW.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BECKY SILVA	5 MONSON STREET JOHNSTON, RI 02919 US
OTHER OFFICER	DONNA TELLIER	11 SIMMONS STREET JOHNSTON, RI 02919 UNI
DIRECTOR	BRENNA RUSSO	24 CALUMET AVE JOHNSTON, RI 02919 USA
DIRECTOR	DESI SANTURRI	165 HARVARD ST CRANSTON , RI 02920 USA
DIRECTOR	SHAWNA FERREIRA	13 FLANDERS STREET JOHNSTON, RI 02919 USA
DIRECTOR	REBECCA SILVA	5 MONSON STREET JOHNSTON, RI 02919 USA
DIRECTOR	VICTORIA FREZZA	33 HOMESTEAD AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	ALYCIA ZAGAGLIA	57 CORSI STREET WOONSOCKET, RI 02895 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DONNA TELLIER 11 SIMMONS STREET JOHNSTON , RI 02919

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of May, 2019 at 3:49:38 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DONNA L TELLIER
Signature of Authorized Person

Form No. 631
Revised 09/07