

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Non-Profit Corporation _____

→ Filing period: June 1 - June 30

→ Filing fee: \$20.00

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

FILED STAMP

MAY 29 2019

BY 1802 OS

1. Entity ID Number 48025		2. Exact name of the Corporation Excite! Dance Company	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Formation of a dance company for participation in dance competition by the students of Marie K. Jennison School of Dance whom audition for positions	
4. NAICS Code 624110 - Child and Youth se			
6. Principal Office Address C/O Bradley L. Steere 1160 Putnam Pike		Chepachet	State 02814
7. List ALL officers (names and addresses) Check the box to indicate an attachment			
President Name April J. Whitecross		Vice President Name Timothy B. Whitecross	
Street Address 11 New Road		Street Address 11 New Road	
City Chepachet	State	City Chepachet	State 02814
Secretary Name April J. Whitecross		Treasurer Name Timothy B. Whitecross	
Street Address		Street Address	
City	State	City	State
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment			
Director Name April J. Whitecross		Director Name Timothy B. Whitecross	
Street Address 11 New Road		Street Address 11 New Road	
City Chepachet	State 02814	City Chepachet	State 02814
Director Name Bradley L. Steere		Director Name	
Street Address 1160 Putnam Pike, PO Box 315		Street Address	
City chepachet	State 02814	City	State

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 April

Date

J. Whitecross

5/22/19

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE



MAIL TO:

Division of Business Services

148 W. River street, Providence Rhode Island 02904-2615

Phone: (401) 222-3040

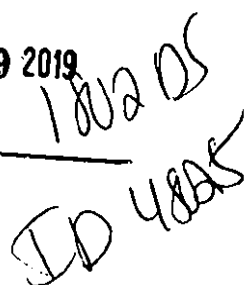
Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019

FILED

MAY 29 2019

BY


ID 4885