

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 DS

1. Entity ID Number <b>48025</b>		2. Exact name of the Corporation <b>Excite! Dance Company</b>		
3. State of Incorporation <b>Rhode Island</b>		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	Zip 02814
7. List ALL officers (names and addresses) <span style="float:right;">Check the box to indicate an attachment</span>				
President Name <b>April J. Whitecross</b>		Vice President Name <b>Timothy B. Whitecross</b>		
Street Address <b>11 New Road</b>		Street Address <b>11 New Road</b>		
City <b>Chepachet</b>	State	Zip <b>02814</b>	City <b>Chepachet</b>	State <b>02814</b>
Secretary Name <b>April J. Whitecross</b>		Treasurer Name <b>Timothy B. Whitecross</b>		
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. <span style="float:right;">Check the box to indicate an attachment</span>				
Director Name <b>April J. Whitecross</b>		Director Name <b>Timothy B. Whitecross</b>		
Street Address <b>11 New Road</b>		Street Address <b>11 New Road</b>		
City <b>Chepachet</b>	State	Zip <b>02814</b>	City <b>Chepachet</b>	State Zip <b>02814</b>
Director Name <b>Bradley L. Steere</b>		Director Name		
Street Address <b>1160 Putnam Pike, PO Box 315</b>		Street Address		
City <b>chepachet</b>	State	Zip <b>02814</b>	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 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

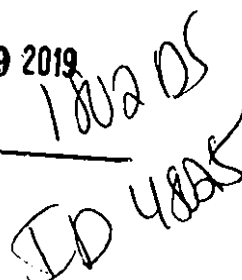
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FORM 631 - Revised: 03/2019

FILED

MAY 29 2019

BY

  
ID 4885