



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

2019 JUN 11 PM 12:39

1. Entity ID Number 1339398		2. Exact name of the Corporation PASSION FOR DANCE, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813110		RELIGIOUS. DEMONSTRATES THROUGH DANCE			
6. Principal Office Address 35 DIAMOND STREET		City PROVIDENCE	State RI	Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANGELINE B. CAPEHART			Vice-President Name		
Street Address 35 DIAMOND ST			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name EUNICE ADDAI			Treasurer Name		
Street Address 70 CONGRESS AVE			Street Address		
City PROVIDENCE	State RI	Zip 02907	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 ANGELINE B. CAPEHART			Director Name EUNICE ADDAI		
Street Address 35 DIAMOND STREET			Street Address 70 CONGRESS AVE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Director Name STEFANIE TOGBASI			Director Name		
Street Address 35 DIAMOND STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	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 ANGELINE B. CAPEHART				Date 6/11/19	
Signature of Officer/Authorized Representative 					

FILED

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BY **KL T8952**