



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

**FILED**

Annual Report for the year: 2019  
 Non-Profit Corporation

JUL 18 2019

BY 1062 PS

- 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 <b>000030742</b>		2. Exact name of the Corporation <b>The Young Peoples School for the Performing Arts Inc</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Teaching theatre skills, Life skills/self esteem to students Gr. 4-12.</b>	
4. NAICS Code <b>61110</b>			
6. Principal Office Address <b>23 Cone Drive West Warwick</b>		City <b>West Warwick</b>	State <b>RI</b>
		Zip <b>02893</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Diane Verdolotti</b>		Vice President Name <b>Stephen Lowe</b>	
Street Address <b>23 Cone Dr</b>		Street Address <b>16 Fort Hill Rd</b>	
City <b>West Warwick</b>	State <b>RI</b>	City <b>Bristol</b>	State <b>RI</b>
Zip <b>02893</b>		Zip <b>02809</b>	
Secretary Name <b>Daniel Lareau</b>		Treasurer Name <b>Diane Verdolotti</b>	
Street Address <b>19 Parden Lane</b>		Street Address <b>23 Cone Dr</b>	
City <b>Seekonk</b>	State <b>MA</b>	City <b>West Warwick</b>	State <b>RI</b>
Zip <b>02771</b>		Zip <b>02893</b>	
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 <input type="checkbox"/></span>			
Director Name <b>Diane Verdolotti</b>		Director Name <b>Nicole Allison</b>	
Street Address <b>23 Cone Dr</b>		Street Address <b>19 Parden Lane</b>	
City <b>West Warwick</b>	State <b>RI</b>	City <b>Seekonk</b>	State <b>MA</b>
Zip <b>02893</b>		Zip <b>02771</b>	
Director Name <b>Monique Lareau</b>		Director Name	
Street Address <b>19 Parden Lane</b>		Street Address	
City <b>Seekonk</b>	State <b>MA</b>	City	State
Zip <b>02771</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>Diane Verdolotti</b>		Date <b>7/15/19</b>	
Signature of Officer/Authorized Representative <i>Diane Verdolotti</i>			

MAIL TO:  
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