



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

AUG 19 2019

BY 1084 DS

1. Entity ID Number <u>001685142</u>		2. Exact name of the Corporation <u>Jeanne's Dance + Gymnastic Center, Inc.</u>			
3. Principal Office Address <u>50 BOOMBRIDGE RD</u>		City <u>WESTERLY</u>		State <u>RI</u>	Zip <u>02891</u>
4. NAICS Code <u>611010</u>		6. Brief description of the character of business conducted in Rhode Island <u>Teach Dance + Gymnastics</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>LISA SERVIDIO</u>			Vice-President Name <u>CHRIS SERVIDIO</u>		
Street Address <u>50 BOOMBRIDGE RD</u>			Street Address <u>50 BOOMBRIDGE RD</u>		
City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>LISA SERVIDIO</u>			Director Name <u>CHRIS SERVIDIO</u>		
Street Address <u>50 BOOMBRIDGE RD</u>			Street Address <u>50 BOOMBRIDGE RD</u>		
City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			<u>0</u>		<u>.01</u>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <u>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.</u>					
Name of Authorized Representative <u>CHRIS SERVIDIO</u>					Date <u>8/15/19</u>
Signature of Authorized Representative <u>Chris Servidio</u>					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 630 - Revised: 10/2017