



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 NOV -7 PM 12:03

1. Entity ID Number 001687026		2. Exact name of the Corporation APAC Dance RI, Inc.			
3. Principal Office Address 60 Walnut Grove Avenue		City Cranston		State RI	Zip 02920
4. NAICS Code 611610	6. Brief description of the character of business conducted in Rhode Island Dance School				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Debra A. Leahy			Vice-President Name 31		
Street Address 11 Bernardo Drive			Street Address		
City Attleboro	State MA	Zip 02703	City	State	Zip
Secretary Name			Treasurer Name Dennis F. Leahy		
Street Address			Street Address 11 Bernardo Drive		
City	State	Zip	City Attleboro	State MA	Zip 02703
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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
			100		CWP
					PAR VALUE
					\$01
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. 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.					
Name of Authorized Representative Dennis F. Leahy					Date November 4, 2019
Signature of Authorized Representative <i>Dennis F. Leahy</i> SIGN DOCUMENT HERE FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govDEC 18 2019
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