



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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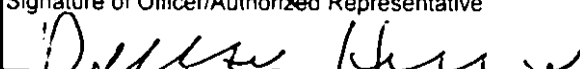
Annual Report for the year: **2020**

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.

1. Entity ID Number 001657258		2. Exact name of the Corporation Bee In Motion			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To Provide movement therapy instruction as a means for students and young adults of all abilities in the community to explore self-expression and non-verbal communications through movement and music.			
4. NAICS Code 621340					
6. Principal Office Address 56 Maple Ave, Box H-207			City West Warwick	State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DENNIS HARVEY			Vice-President Name Judy Niedbala - Member at Large		
Street Address 56 Maple Ave, Box H-207			Street Address 1130 Ten Rod Road, Ste B101		
City West Warwick	State RI	Zip 02893	City North Kingstown	State RI	Zip 02852
Secretary Name Adam Harvey			Treasurer Name Holly Rice-Horton		
Street Address 397 Willard Avenue			Street Address 209 School Street		
City Providence	State RI	Zip 02878	City South Kingstown	State RI	Zip 02852
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 ROGER MARK			Director Name Holly Rice Horton		
Street Address 145 MASSASOIT DRIVE			Street Address 209 School Street		
City Warwick	State RI	Zip 02888	City South Kingstown	State RI	Zip 02879
Director Name Kristin Blasbalg			Director Name Susan L Hartnett LICSW		
Street Address 70 Whitman Drive			Street Address 2521 B Post Road		
City Wakefield	State RI	Zip 02852	City Wakefield	State RI	Zip 02879
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.					
<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 Dennis Harvey				Date 6/2/2020	
Signature of Officer/Authorized Representative  DOCUMENT HE. FILED					

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

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FORM 631 - Revised: 03/2019