

Annual Report for the year: 2020

JUN 23 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.

FILED

BY

JUN 23 2020

1. Entity ID Number

48025

2. Exact name of the Corporation

Excite! Dance Company

3. State of Incorporation

Rhode Island

5. Brief description of the character of business conducted in Rhode Island

Formation of a dance company for participation in dance competition by the students of Marie K. Jennison School of Dance whom audition for positions

4. NAICS Code

624110 - Child and Youth Sep

6. Principal Office Address

586 Putnam Pike

City

Greenville

State

Zip

02828

7. List ALL officers (names and addresses)

Check the box to indicate an attachment

President Name

April J. Whitecross

Vice-President Name

Timothy B. Whitecross

Street Address

11 New Road

Street Address

11 New Road

City Chepachet

State

Zip 02814

City

Chepachet

State

ZIP 02814

Secretary Name

April J. Whitecross

Treasurer Name

Timothy B. Whitecross

Street Address

Street Address

City

State

Zip

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 C

Director Name

April J. Whitecross

Director Name

Timothy B. Whitecross

Street Address

11 New Road

Street Address

11 New Road

City Chepachet

State

02814

City

Chepachet

State

ZIP 02814

Director Name

Breana Johnson

Director Name

Street Address

14 Two Pence Rd

Street Address

City Ridgefield

State

CT

Zip 06877

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

April J. Whitecross

Date

6/17/2020

Signature of Officer/Authorized Representative

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov