

Annual Report for the year: 2020

JUN 23 2020

Non-Profit Corporation

Filing period: June 1 - June 30

FILED BY

→ Filing Fee: \$20.00

JUN 23 2020

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number  
48025

2. Exact name of the Corporation  
Excite! Dance Company

BY 1804 DS

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

*April J. Whitecross*

MAIL TO:

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