

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State 🔒

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Many Street Providence, Rt 02963-1335

401-222-3040

## 2005

| FROFIT CORP<br>Filing Period: January<br>(FORM MUST BE TYPED OR | l - March 1 🕒 Filin                                   | NUAL KEPU<br>g Fee: \$50.00            | RT FOR THE YEA   | AR2003  | )                               |
|---|---|--|--|---|---------------------------------|
| 1 Corpside II) No. 84179  | 2 Name of Corporation Providence Ba                   |  |  |   |                                 |
| 180 oct Judiess Principal Rus.                                  | 14 ST   |  | rovidence  | state RI  | 0290_3                          |
| 401 - 861-42  | 842   | 5 State of Incorporate  RHODE ISLAI    |  |   | 6 sic code<br>6882              |
| TO CONDUCT THE  | acter of Business Conducted in<br>BUSINESS OF A DANCE | SCHOOL.                                |  |   |                                 |
| 8. NAMES AND ADDRE  | ν :D  | :: ("X" BOX FOR A                      | TTACHMENT) ☐ FILL IN  Vice President Name  Mich <sub>Q</sub> | spaces before using   | ACTACHMENTS<br>ALR              |
| Short Applies 4 Or  | leans CT  | <del></del>                            | Street Address 674 Orle                                      | PANS CT   | <del>y</del>                    |
| WArwick   | state RI  | 038860                                 | WArvick  | State RL  | 02886                           |
| Secretary Name  | ·   |  | Treasurer Name<br>BACHACA                                    | Ann Pach  | <u>د</u>                        |
| Street Address  |   |  | Street Address 350 DND                                       | ST Worth =  | # 6                             |
| $CT_1$  | State   | Zφ                                     | St Peters bang   | state FL  | 3370/                           |
| Director Name   | sses of the director                                  | RS: <i>("X" BOX FOR</i><br>ルピኅ         | ATTACHMENT) [ FILL I Director Name                           | N SPÁCES BEFORE USIN  | G ATTACHMENTS                   |
| Street Address 674 (  | Orleans CT  |  | Street Address   |   |                                 |
| Warwick   | Nate<br>R.L   | 09886                                  | Cuy  | State   | Zip                             |
| Director Name   |   | ······································ | Director Name  | •••••••   | •••••                           |
| Secot Address   |   |  | Street Address   |   |                                 |
| iller<br>   | State   | Zφ                                     | City   | State   | Z:p                             |
| 10. SHARES AUTHORIZ AUTHORIZED SHARES                           | EED ("X" BOX FOR ATT                                  | TACHMENT)                              | 11. SHARES ISSUED (  | ("X" BOX FOR ATTACH   | MENT) []                        |
| Number of Shares  | ClasseSeries  | Par Value                              | Number of Shares   | Class/Series  | Par Value                       |
| 1,000 NO PAR VALUE  | <u>,                                     </u>         | Jone -                                 | 7  |   |                                 |
| This report mus   | t be <b>signed in ink</b> by eitl                     | ner the President, Vic                 | ce President, Secretary, Assist                              | unt Secretary, Treasurer, F   | Receiver or Trustee             |
| File Date   | FILED .   |  |  | rjury, I declare and affirm the<br>npanying schedules and state<br>true and correct.<br>Arie Barner | ments, and that all statements. |
| Check No  | MAR 0 7 2005 34°                                      | 27                                     | Signature of Officer  Eva Ma  Print or Type Name of          | rie Barne   | 1-6-0°                          |



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

| Matthew   | r <b>A. Brown</b> , Secretary | of State                                |   |                     | 401 222 30          | 14 |
|---|-------------------------------|---|---|---------------------|---------------------|----|
| PROFIT CORP<br>Filing Period: January<br>FORM MUST BE TYPED OR                  | 1 - March 1 • F.              | NNUAL REPO                              | RT FOR THE YEA                                    | ar <u>2004</u>      |                     |    |
| 1 Corporate 11) No. 84179   | 2 Name of Corpora             |   | allet Tuc   |                     |                     |    |
| 3 Sirces Address Principal Bus.   | moss Office<br>5T             |   | Providence  | State RI            | 02903               |    |
| H01- 861-   |                               | 5 State of Incorporat                   | ° RI  |                     | 6 SIC Gode<br>688 2 |    |
| Bruef Description of the Char<br>B. NAMES AND ADDRE<br>President Name<br>EVA Mo | SSES OF THE OFFICE            | school                                  | TTACHMENT)   FILL IN  Vice President Name  Michae | SPACES BEFORE USIN  | GATTACHMENTS        |    |
| Street Address 674 00   | leaus C                       | r                                       | Street Address                                    | eans CT             | 70                  | _  |
| un<br>Warwick   | State<br>12 I                 | 0283 6                                  | Warwick   | State RI            | 0388 <i>6</i>       | -  |
| Secretary Name  |                               |   | Barbara   | L A. Pac            | heco                |    |
| Street Address  |                               |   | Street Address 350 Qud                            | ST Wort             | 4 #6                |    |
| Cuy   | State                         | Zιp                                     | ST Petersbar                                      |                     | 3370 (              |    |
| 9. NAMES AND ADDRE<br>Director Name<br>Eva Ma                                   | sses of the direct            | ·                                       | ATTACHMENT) [] FILL Director Name                 | IN SPACES BEFORE US | ING ATTACHMENTS     |    |
| Street Address  | eans CT                       |   | Street Address                                    |                     |                     |    |
| Warwick   | State<br>RI                   | D 388 6                                 | Cuy   | State               | Zφ                  |    |
| Director Name   | •••••                         | • | Director Name                                     |                     |                     | •• |
| Moyet Address   |                               |   | Street Address                                    |                     |                     | _  |
| Cay   | State                         | Zφ                                      | City  | State               | Zip                 |    |
| 10. SHARES AUTHORIZ   | ZED ("X" BOX FOR              | ATTACHMENT) [                           | 11. SHARES ISSUED                                 | ("X" BOX FOR AITAC  | HMENT)              |    |
| Namber of Shares  | Glass/Series                  | Par Value                               | Number of Shares                                  | Class/Series        | Par Value           | _  |

| This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. | O. SHARES AUTHOR                      | IZED ("X" BOX FOR   | ATTACHMENT) | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES |   |   |  |
|--|---------------------------------------|---------------------|-------------|---|---|---|--|
| This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 statement contained herein are true and correct.  | Camber of Shares                      | Class/Series        | Par Value   | Number of Shares  | Class/Series  | Par Value   |  |
| Under penalty of perjury, I declare and affirm that I have examined this repoincheding any accompanying schedules and statements, and that all statement contained herein are true and correct.  | 1,000                                 |                     | NONE        | 100   |   | Ø   |  |
|  |                                       |                     |             | Under penalty of princluding any accordanced becomes      | perjury, I declare and affirm ompanying schedules and s | that I have examined this report<br>tatements, and that all statement |  |
|  | · · · · · · · · · · · · · · · · · · · | Y OF STATE USE ONLY | <b>6</b> 20 | President   | of Officer<br>dent                                      | J   |  |
| FOR SECRETARY OF STATE LISE ONLY   | ·                                     | ·                   |             | Tule of Officer   |   | Form 630 Rev. 12/03   |  |



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR -2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 4. Business Phone No 5. State of Incorporation 861-484 2 401-7. Brief Description of the Character of Business Conducted in Rhode Island ScHool ANCE 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS State 09886 Street Address City State State Ζip FILL IN SPACES BEFORE USING ATTACHMENTS OF THE DIRECTORS: ("X" BOX FOR ATT Street Address Ζιp State Director Name Street Address Street Address Zip City State City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Par Value Number of Shares Par Value Number of Shares Class/Series Class/Series ,000 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustce 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. Signature of Office



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

| FROFIT CORP<br>Filing Period: January 1<br>(FORM MUST BE TYPED OR . | - March 1 • I        | INNUAL REPUR<br>Filing Fee: \$50.00       | T FOR THE YEA                | ук <u> </u>                  | <u> </u>   |
|---|----------------------|---|------------------------------|------------------------------|--|
| 1 Corporate ID No.  | 2. Name of Corpo     | n 12                                      | pollet IN                    |                              |  |
| 3. Street Address Principal Busi                                    | ness Office          | - VI (V FIN) - V                          | Providence                   | State                        | 02903  |
| 4 Business Phone No. 401-861-4                                      |                      | 5. State of Incorporation                 |                              |                              | 6. SIG Code<br>688 2   |
| 7. Brief Discription of the Chan  8. NAMES AND ADDRES               | Dance.               | School<br>School<br>ers: ("x" box for att | <i>TACHMENT</i> ) □ FILL IN  | SPACES BEFORE USI            | NG ATTACHMENTS   |
| President Name  | 2                    | rney                                      | Vice President Name Michael  | N. Bola                      | er   |
| Street Address  | NS CT                | <u> </u>                                  | Street Address 674 671       | eans CT                      |  |
| <u>w</u> arwick   | State<br>RI          | 0.9880<br>Zip                             | Warwick                      | State T                      | 2ip<br>09880   |
| Secretary Name Sirvet Address                                       |                      |   | Barbara Sircei Address       | A. Pach                      | eco  |
| Gity  | State                | Ζφ  | 350 and                      | ST North                     | #6   |
| •   |                      | CTORS: ("X" BOX FOR A                     | ST. Petersbur                |                              | 3370 I   |
| Director Name   | <b>v</b> 7           | arney                                     | Director Name                |                              |  |
| Sirect Address 674 Orlea  |                      | 0   | Street Address               |                              |  |
| Cuy<br>Warwick  | State<br>RI          | 0988P                                     | City                         | State                        | Z(p  |
| Director Name   |                      |   | Director Name                |                              |  |
| Street Address  |                      |   | Street Address               | · .                          |  |
| City  | State                | Zip                                       | City                         | State                        | ZIp  |
| 10. SHARES AUTHORIZ AUTHORIZED SHARES                               | ED ("X" BOX FOR      | ATTACHMENT) [                             | ISSUED SHARES                | ("X" BOX FOR ATTAC           | CHMENT) [  |
| Number of Shares  | Class/Series         | Par Value                                 | Number of Shares             | Class/Series                 | Par Value  |
| 1,000   |                      | NONE                                      | 100                          |                              |  |
| This report must  | the signed in ink hy | reither the President Vice                | President, Secretary, Assist | tant Secretary Treasure      | r Receiver or Trustee  |
|   | <b>, 0</b>           |   | Under penalty of p           | erjury. I declare and affirm | n that I have examined this repo                               |
| File Date   | ILED_                | the wife in the                           |                              | re true and correct.         | statements, and that all statements $\frac{7 - 19 - 0!}{Date}$ |
| Check No.   | 27 2004              |   | Eva Me<br>Print or Type Name | arie Bari                    | uey  |
| By By   | OF STATE USE ONLY    | 1-Q00                                     | Presid<br>Title of Officer   | leut                         |  |

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

| PRO    | FIT     | CORP      | ORAT    | ION  | ANNUAL           | REPORT | FOR | THE | YEAR | 2001 |
|--------|---------|-----------|---------|------|------------------|--------|-----|-----|------|------|
| iling. | Period. | : January | 1-March | 11 • | Filing Fee: \$50 | .00    |     |     |      |      |

| 1. Corporate ID No   |  |   |  |                                   |                          |
|--|--|---|--|-----------------------------------|--------------------------|
| 84179  | 2 Name of Corpora<br>Providence                  | e Ballet, Inc.                            |  |                                   |                          |
| 3 Street Address Principal Busin   | ess Office                                       |   | City   | State                             | Zip                      |
| 107 EDDY STF   | REET   | S State of Incorporation RHODE ISLAND     | PROVIDENCE   | RI                                | 02903<br>* <b>8882</b> * |
| 401-861-4842 7. Brief Description of the Chara   |  |   |  |                                   | 3332                     |
| DANCE SCHOOL  B. NAMES AND ADDR  |  | CERS (*x* box for attach)                 | MENT) FILL IN SPACES I   | BEFORE USING ATTACE               | IMENTS                   |
| President Name   | DNEW   |   | Vice President Name  |                                   |                          |
| EVA MARIE BA<br>Street Address<br>674 ORLEANS  |  |   | Street Address   |                                   |                          |
| city WARWICK   | State<br>RI                                      | <sup>Ζιρ</sup><br><b>02886</b>            | Cify   | State                             | Zıp                      |
| Secretary Nume   | K1   | 02000                                     | Treasurer Name   |                                   |                          |
| EVA MARIE BA   | RNEY   |   | EVA MARIE BAR  | RNEY                              |                          |
| 674 ORLEANS  | COURT  | Zip                                       | 674 ORLEANS C  | COURT                             | Zip                      |
|  |  |   |  |                                   |                          |
| WARWICK 9. NAMES AND ADDR Director Name  | RI<br>ESSES OF THE DIR                           | 02886<br>ECTORS ("X" BOX FOR AITAC        | WARWICK<br>(HMENT) FILL IN SPACE<br>Director Name  | R I<br>is before using atta       | 02886<br>CHMENTS         |
| 9, NAMES AND ADDR  |  | 02886<br>ECTORS ("X" BOX FOR AITAC        | HMENT) FILL IN SPACE   |                                   |                          |
| 9. NAMES AND ADDR Director Name  |  | 02886<br>ECTORS ("X" BOX FOR AITAC<br>Zip | CHMENT) FILL IN SPACE  Director Name   |                                   |                          |
| 9. NAMES AND ADDR Director Name Street Address   | ESSES OF THE DIR                                 | ECTORS ("x" box for aitac                 | CHMENT) FILL IN SPACE  Director Name  Street Address   | S BEFORE USING ATTA               | CHMENTS                  |
| 9. NAMES AND ADDR Director Name Street Address City  | ESSES OF THE DIR                                 | ECTORS ("x" box for aitac                 | CHMENT) FILL IN SPACE  Director Name  Street Address  City   | S BEFORE USING ATTA               | CHMENTS                  |
| 9. NAMES AND ADDR Director Name Street Address City Director Name  | ESSES OF THE DIR                                 | ECTORS ("x" box for aitac                 | CHMENT) FILL IN SPACE  Director Name  Street Address  City  Director Name  | S BEFORE USING ATTA               | CHMENTS                  |
| 9. NAMES AND ADDR Director Name Street Address City Director Name Street Address                         | State State                                      | ECTORS ("X" BOX FOR AITAC<br>Zip<br>Zip   | CHMENT) FILL IN SPACE  Director Name  Street Address  Director Name  Street Address                              | S BEFORE USING ATTA  State  State | CHMENTS  Zip  Zip        |
| 9. NAMES AND ADDR Director Name  Street Address  Director Name  Street Address  City  10. SHARES AUTHORI | State  State  ZED (*X* BOX FOR ATT  Class/Series | ECTORS ("X" BOX FOR AITAC<br>Zip<br>Zip   | CHMENT) FILL IN SPACE Director Name  Street Address  Director Name  Street Address  City  11. SHARES ISSUED (**) | S BEFORE USING ATTA  State  State | CHMENTS  Zip  Zip        |

Trustee



FOR SECRETARY OF STATE USE ONLY

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

| Eva Marie            | Banes | 2-18-01 |
|----------------------|-------|---------|
| Signature of Officer | -     | Dote    |
| Eva Marie            | Barne | 4       |



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



1. Corporate ID No. 2. Name of Corporation 84179 Providence Ballet, Inc. 3. Street Address Principal Business Office RHODE ISLAND 401-861-4842 >chool **FILL IN SPACES BEFORE USING ATTACHMENTS** 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) OR/EANS COURT MARIE

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address City 08886 Director Name Director Name

Zip

State Zip

Street Address

City State Zip

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ALTHORIZED SHARES

State

Number of Shares Class/Series

1,000 SHS NO PAR VALUE

Street Address

City

Par Value

Number of Shares

ISSUED SHARES

200

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



| File Date: _ | 2-28-00 |  |
|--------------|---------|--|
| Check No.:   | 1942    |  |
| Ву:          | AMF     |  |

FOR SECRETARY OF STATE USE ONLY

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.

| Era Marie            | Barney 1-26-00 |
|----------------------|----------------|
| Signature of Officer | Date           |
| Eva Marie            | Barney         |

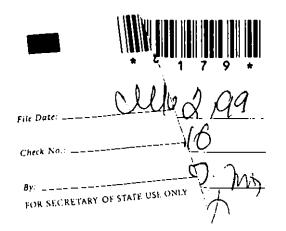


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 84179 Providence Ballet, Inc. 3. Street Address Principal Business Office. Providence 107 5. State of Incorporation 6882 861-4842 RHODE ISLAND (401) Brief Description of the Character of Business Conducted in Rhode Island ance Lessons FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Eva Marie Eva Street Address 120 City Warwic 09386 Warwick Saulvier Street Address  $\mathcal{V}$ orth FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Barney Street Address rawberry State City Warw: Director Name Director Name Street Address Street Address ZipCity State Zip State 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*x\* BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Series Number of Shares Number of Sheres Class/Series Par Value 1,000 SHS NO PAR VALUE გიი

This report must be shed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.



James R. Langevin, Secretary of State Corporations Division 100 North Main Street; Providence, RI 02903-1335 401-277-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

STOP PHASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 3. Street Address Principal Business Office Providence Ballet, Inc. City State Zip 107 Eddy Street 02903 Providence RI . Business Phone No. 5 State of Incorporation 6. SIC Code 7. Brief Description of the Character of Business Conducted in Rhode Island (401) 861-4842 6882 Dance Lessons 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Eva Marie Barney Eva Marie Barney Street Address Street Address 120 Strawberry Field Road 120 Strawberry Field Road Warwick RΙ 02886 02886 Warwick RI Secretary Name Treasurer Name Gregg S. Saulnier Gregg S. Saulnier Street Address Street Address 17 Cushing Street 17 Cushing Street City 2:0 City State 210 North Providence RI 02904 North Providence RI 02904 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Duector Name Eva Marie Barney Street Address 120 Strawberry Field Road City Zip Warwick RI 02886 Director Name Director Name Street Address Street Address City State Zip Zip State 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 200 1,000 SHS NO PAR VALUE Common No Par Value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

|            | * 8 4 1 7 9 *          |
|------------|------------------------|
| File Date: | 4.2.98                 |
| Check No.: | 1423                   |
| By         | INV OF STATE LISE ONLY |

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.

Ever Marie Barnez

3-31-45' \_

Eva Marie Barney Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277 3040

#### PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

| (FORM | MUST | BE | TYPED | IN | BI. | AC | K |
|-------|------|----|-------|----|-----|----|---|
|-------|------|----|-------|----|-----|----|---|

I. Corporate ID No.

2. Name of Corporation

84179

Providence Ballet, Inc.

3. Street Address Principal Business Office City State Zip 107 Eddy Street Providence R.I. 4 Business Phone No 5. State of Incorporation **RHODE ISLAND** 6882 (401) 861-4842 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Eva Marie Barney Patrick J. Notaro Street Address Street Address 17 Cushing Street 120 Strawberry Field Rd. City State State Zip Warwick RI 02886 02904 North Providence RI Secretary Name Treasurer Name Gregg S. Saulnier Gregg S. Saulnier Street Address Street Address 17 Cushing Street 17 Cushing Street City State Zip Lip North Providence 02904 02904 RΙ North Providence RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Eva Marie Barney Patrick J. Notaro Street Address 120 Strawberry Field Road 17 Cushing Street City State State Zip Warwick RI02886 02904 North Providence RΙ Director Name Director Name Street Address Street Address City State Zip City State  $Z_{IP}$ 

#### 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares 1,000

Class/Series

Par Value Zero

ISSUED SHARES

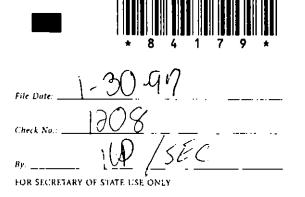
Number of Shares 200

Class/Series Common

Par Value Zero

#### 1,000 SHS NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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

| Evi            | Marie   | Barner   | 1-28-97 |
|----------------|---------|----------|---------|
| Signature of C | Officer | <u> </u> | Date    |
| •              |         | 2        |         |

Print or Type Name of Officer

Kresiden

### **PROFIT CORPORATION ANNUAL REPORT**

1996



Print or Type Name of Officer

Title of Officer

# State of Rhode Island and Providence Plantations

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

Ву:

For Secretary of State Use Only

PLEASE TYPE OR PRINT IN BLACK INK.

| 1. CORPORATE ID NO   | 2. NAME OF CORPORATION           |                                  |  |  |  |
|--|----------------------------------|----------------------------------|--|--|--|
| 84179<br>3 STREET ADDRESS PROVIDING BUSINESS OF FICE         |                                  | ce Ballet, Inc                   | ony  | STATE  | ZP CODE  |
| 107 Eddy Street<br>4. BUSINESS PHONE NO                      | · - s                            | STATE OF INCORPORATION RHODE ISL | Providence   | RI -   | 02903<br>6. SEC 000E   |
| (401) 861-4842<br>7. BREF DESCRIPTION OF THE CHARACTER OF BU | SMESS COMOUCTED IN RHOOS ISLUND  |                                  | מחח  | -  | 6882   |
| Dance S  | 20100                            |                                  |  |  |  |
| PRESIDENT NAME   |                                  |                                  | SSES OF THE OF                                     | FICERS   |  |
| Eva Marie Barney STREET ADDRESS                              | • • • • •                        |                                  | Patrick J. No                                      | taro   |  |
| l 120_Strawberry_Fi  | ield Road                        | ZIP CODE                         | 17 Cushing St                                      | reet   |  |
| Warwick  | RI                               | 02886                            | North Provide                                      | nceRI  | 02904  |
| Gregg S. Saulnier  |                                  |                                  | Gregg S. Saulnier                                  |  |  |
| 17_Cushing.Street  |                                  |                                  | ary 17 Cushing St                                  | reet   | 23° COOE   |
| North Providence   | RI<br>9. HAME                    | 02904<br>S AND ADDRE             | North Provide SSES OF THE DI                       | nce RI<br>RECTORS  | 02904  |
| Eva Marie Barney   |                                  |                                  | Patrick J. Notaro                                  |  |  |
| 120_Strawberry_Fi  | ield Road                        | I management                     | 17 Cushing_St                                      |  |  |
|  | STATE                            | ZIP CODE                         | 1  | STATE  | ZP CODE  |
| Warwick DIRECTOR NAME  | RI                               | 02886                            | North Provide DIRECTOR NAME                        | nce RI   | 02904  |
| STREET ADDRESS   |                                  |                                  | STREET ADDRESS                                     | <del></del>  | •  |
| ary  | " STATE "                        | 77P C000F                        | 777  | SYATE  | ZP COOE  |
|  | 10. SHA                          | RES AUTHORI                      | ZED AND ISSUED                                     |  | ·  |
| NUMBER OF SHARES   | AUTHORIZED SHARES<br>CLASS/SERES | PAR VALUE                        | MUNIBER OF SHARES                                  | ISSUED SHARES CLASS/SERES  | PAR VALUE  |
| 1,000 SHS NO   | PAR VALUE                        | • •                              | 200  | Common   | No Par Value   |
|  | <del>-</del> · ·                 |                                  |  | +  | <u> </u>   |
|  |                                  |                                  | -  | _  | • .  |
| Presid   |                                  |                                  | IED IN INK by either the int Secretary, Treasurer, |  | ee <b>T</b>  |
| <del></del>  | ı                                |                                  | report, including                                  | f perjury, I declare and<br>any accompanying sch<br>intained herein are true | affirm that I have examined thi<br>ledules and statements, and the<br>and correct. |
| File Date:   | 14/96                            |                                  | Signature of Office                                | Noire Barn   | ez   |
| Charle Man   | 1157                             |                                  | Ena 1  | Larie Ba   | ~ NO W   |