



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 84179		2. Name of Corporation Providence Ballet, Inc.			
3. Street Address Principal Business Office 107 Eddy ST			City Providence	State RI	Zip 02903
4. Business Phone No. 401-861-4842		5. State of Incorporation RHODE ISLAND			6. SIC Code 6882
7. Brief Description of the Character of Business Conducted in Rhode Island: TO CONDUCT THE BUSINESS OF A DANCE SCHOOL.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Eva Marie Barney			Vice President Name Michael N Bolger		
Street Address 674 Orleans CT			Street Address 674 Orleans CT		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name			Treasurer Name Barbara Ann Pacheco		
Street Address			Street Address 350 2ND ST North # 6		
City	State	Zip	City St Petersburg	State FL	Zip 33701
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Eva Marie Barney			Director Name		
Street Address 674 Orleans CT			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		NONE			

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



File Date	FILED
Check No	MAR 07 2005 3427
By	By KIB
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 Barney 1-6-05  
Signature of Officer Date  
Eva Marie Barney  
Print or Type Name of Officer  
President  
Title of Officer



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 3046

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>84179</b>		2. Name of Corporation <b>Providence Ballet, Inc</b>			
3. Street Address Principal Business Office <b>107 Eddy ST</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No. <b>401-861-4842</b>		5. State of Incorporation <b>RI</b>		6. SIC Code <b>6882</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>DANCE School</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Eva Marie Barney</b>			Vice President Name <b>Michael N. Bolger</b>		
Street Address <b>674 Orleans CT</b>			Street Address <b>674 Orleans CT</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name			Treasurer Name <b>Barbara A. Pacheco</b>		
Street Address			Street Address <b>350 2nd ST North #6</b>		
City	State	Zip	City <b>ST Petersburg</b>	State <b>FL</b>	Zip <b>33701</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Eva Marie Barney</b>			Director Name		
Street Address <b>674 Orleans CT</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000</b>		<b>NONE</b>	<b>100</b>		<b>Ø</b>

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

**FILED**

File Date **JUL 27 2004**

Check No. **By m 39424 GAB**

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 Barney** 7-19-04  
Signature of Officer Date

**Eva Marie Barney**  
Print or Type Name of Officer

**President**  
Title of Officer



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

# 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. <b>84179</b>		2. Name of Corporation <b>Providence Ballet Inc.</b>			
3. Street Address Principal Business Office <b>107 Eddy ST</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No. <b>401-861-4842</b>		5. State of Incorporation <b>RI</b>			6. SIC Code <b>6882</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>DANCE SCHOOL</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Eva Marie Barney</b>			Vice President Name <b>Michael N. Bolger</b>		
Street Address <b>674 Orleans CT</b>			Street Address <b>674 Orleans CT</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name			Treasurer Name <b>Barbara A. Pacheco</b>		
Street Address			Street Address <b>350 2nd ST North #6</b>		
City	State	Zip	City <b>St. Petersburg</b>	State <b>FL</b>	Zip <b>33701</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Eva Marie Barney</b>			Director Name		
Street Address <b>674 Orleans CT</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000</b>		<b>NONE</b>	<b>100</b>		<b>X</b>

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

File Date **FILED** **JUL 27 2004**  
Check No.  
By: **M. J. [Signature]**  
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 Barney** **7-19-04**  
Signature of Officer Date  
**Eva Marie Barney**  
Print or Type Name of Officer  
**President**  
Title of Officer



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>84179</u>		2. Name of Corporation <u>Providence Ballet, Inc.</u>			
3. Street Address Principal Business Office <u>107 Eddy ST</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
4. Business Phone No. <u>401-861-4842</u>		5. State of Incorporation <u>RI</u>			6. SIC Code <u>6882</u>
7. Brief Description of the Character of Business Conducted in Rhode Island <u>DANCE School</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Eva Marie Barney</u>			Vice President Name <u>Michael N. Bolger</u>		
Street Address <u>674 Orleans CT</u>			Street Address <u>674 Orleans CT</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
Secretary Name			Treasurer Name <u>Barbara A. Pacheco</u>		
Street Address			Street Address <u>350 2nd ST North #6</u>		
City	State	Zip	City <u>St. Petersburg</u>	State <u>FL</u>	Zip <u>33701</u>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Eva Marie Barney</u>			Director Name		
Street Address <u>674 Orleans CT</u>			Street Address		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>NONE</u>		<u>100</u>		<u>0</u>

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

File Date FILED 110  
Check No. JUL 27 2004  
By: By M. 394-4 600  
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 Barney 7-19-04  
Signature of Officer Date  
Eva Marie Barney  
Print or Type Name of Officer  
President  
Title of Officer



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

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



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84179** 2. Name of Corporation **Providence Ballet, Inc.**

3. Street Address Principal Business Office **107 EDDY STREET** City **PROVIDENCE** State **RI** Zip **02903**  
4. Business Phone No. **401-861-4842** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8882**

7. Brief Description of the Character of Business Conducted in Rhode Island

**DANCE SCHOOL**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>EVA MARIE BARNEY</b>			Vice President Name		
Street Address <b>674 ORLEANS COURT</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
Secretary Name <b>EVA MARIE BARNEY</b>			Treasurer Name <b>EVA MARIE BARNEY</b>		
Street Address <b>674 ORLEANS COURT</b>			Street Address <b>674 ORLEANS COURT</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

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

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,000 SHS</b>	<b>NO PAR VALUE</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>

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: 3/2/01

Check No. 2446

By: Kap

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 Barney 2-18-01  
Signature of Officer Date

Eva Marie Barney  
Print or Type Name of Officer

President  
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84179** 2. Name of Corporation **Providence Ballet, Inc.**

3. Street Address Principal Business Office **107 Eddy Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **401-861-4842** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6882**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Dance School**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>EVA MARIE BARNEY</b> Street Address <b>674 ORLEANS COURT</b> City <b>WARWICK</b> State <b>RI</b> Zip <b>02886</b>	Vice President Name <b>EVA MARIE BARNEY</b> Street Address <b>674 ORLEANS COURT</b> City <b>WARWICK</b> State <b>RI</b> Zip <b>02886</b>
Secretary Name <b>EVA MARIE BARNEY</b> Street Address <b>674 ORLEANS COURT</b> City <b>WARWICK</b> State <b>RI</b> Zip <b>02886</b>	Treasurer Name <b>EVA MARIE BARNEY</b> Street Address <b>674 ORLEANS COURT</b> City <b>WARWICK</b> State <b>RI</b> Zip <b>02886</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>EVA MARIE BARNEY</b> Street Address <b>674 ORLEANS COURT</b> City <b>WARWICK</b> State <b>RI</b> Zip <b>02886</b>	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,000 SHS</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>NO PAR VALUE</b>

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: **2-28-00**

Check No.: **1942**

By: **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.

**Eva Marie Barney** 1-26-00  
Signature of Officer Date

**Eva Marie Barney**  
Print or Type Name of Officer

**President**  
Title of Officer



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

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.

**84179**

2. Name of Corporation

**Providence Ballet, Inc.**

3. Street Address Principal Business Office

**107 Eddy Street**

City

**Providence**

State

**RI**

Zip

**02903**

4. Business Phone No.

**(401) 861-4842**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**6882**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Dance Lessons**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

**Eva Marie Barney**

Vice President Name

**Eva Marie Barney**

Street Address

**120 Strawberry Field Rd**

Street Address

**120 Strawberry Field Rd**

City

**Warwick**

State

**RI**

Zip

**02886**

City

**Warwick**

State

**RI**

Zip

**02886**

Secretary Name

**Gregg S. Saulnier**

Treasurer Name

**Gregg S. Saulnier**

Street Address

**17 Cushing Street**

Street Address

**17 Cushing ST**

City

**North Providence**

State

**RI**

Zip

**02904**

City

**North Providence**

State

**RI**

Zip

**02904**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

**Eva Marie Barney**

Director Name

Street Address

**120 Strawberry Field Rd**

Street Address

City

**Warwick**

State

**RI**

Zip

**02886**

City

State

Zip

Director Name

Street Address

City

State

Zip

City

State

Zip

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

Par Value

**1,000 SHS NO PAR VALUE**

**200**

**Common**

**NO Par Value**

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



File Date:

**2/26/99**

Check No.:

**10**

By:

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 Barney**

Signature of Officer

**Eva Marie Barney**

Print or Type Name of Officer

**President**

Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

3. Street Address Principal Business Office **84179 Providence Ballet, Inc.**

**107 Eddy Street**

4. Business Phone No.

5. State of Incorporation

**(401) 861-4842**

**RHODE ISLAND**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Dance Lessons**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

**Eva Marie Barney**

Street Address

**120 Strawberry Field Road**

City

State

Zip

**Warwick**

**RI**

**02886**

Secretary Name

**Gregg S. Saulnier**

Street Address

**17 Cushing Street**

City

State

Zip

**North Providence**

**RI**

**02904**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

**Eva Marie Barney**

Street Address

**120 Strawberry Field Road**

City

State

Zip

**Warwick**

**RI**

**02886**

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**1,000 SHS NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**200**

**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: **1UP**

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 Barney**  
Signature of Officer

**3-31-98**  
Date

**Eva Marie Barney**  
Print or Type Name of Officer

**President**  
Title of Officer





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

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 BLACK)

1. Corporate ID No

84179

2. Name of Corporation

Providence Ballet, Inc.

3. Street Address Principal Business Office

107 Eddy Street

4. Business Phone No.

(401) 861-4842

5. State of Incorporation

RHODE ISLAND

City

Providence

State

R.I.

Zip

02903

6. SIC Code

6882

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

Eva Marie Barney

Street Address

120 Strawberry Field Rd.

City

Warwick

State

RI

Zip

02886

Secretary Name

Gregg S. Saulnier

Street Address

17 Cushing Street

City

North Providence

State

RI

Zip

02904

Vice President Name

Patrick J. Notaro

Street Address

17 Cushing Street

City

North Providence

State

RI

Zip

02904

Treasurer Name

Gregg S. Saulnier

Street Address

17 Cushing Street

City

North Providence

State

RI

Zip

02904

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name

Eva Marie Barney

Street Address

120 Strawberry Field Road

City

Warwick

State

RI

Zip

02886

Director Name

Patrick J. Notaro

Street Address

17 Cushing Street

City

North Providence

State

RI

Zip

02904

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares 1,000

Class/Series

Par Value Zero

1,000 SHS NO PAR VALUE

ISSUED SHARES

Number of Shares 200

Class/Series Common

Par Value Zero

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: 1-30-97

Check No.: 1208

By: WP/SEC

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 Barney 1-28-97  
Signature of Officer Date

Eva Marie Barney  
Print or Type Name of Officer

President  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO 84179  
2. NAME OF CORPORATION Providence Ballet, Inc.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 107 Eddy Street  
4. BUSINESS PHONE NO (401) 861-4842  
5. STATE OF INCORPORATION RHODE ISLAND  
6. SIC CODE 6882  
CITY Providence STATE RI ZIP CODE 02903

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

*X* Dance School

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
Eva Marie Barney	Patrick J. Notaro
STREET ADDRESS	STREET ADDRESS
120 Strawberry Field Road	17 Cushing Street
CITY	CITY
Warwick	North Providence
STATE	STATE
RI	RI
ZIP CODE	ZIP CODE
02886	02904
SECRETARY NAME	TREASURER NAME
Gregg S. Saulnier	Gregg S. Saulnier
STREET ADDRESS	STREET ADDRESS
17 Cushing Street	17 Cushing Street
CITY	CITY
North Providence	North Providence
STATE	STATE
RI	RI
ZIP CODE	ZIP CODE
02904	02904

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
Eva Marie Barney	Patrick J. Notaro
STREET ADDRESS	STREET ADDRESS
120 Strawberry Field Road	17 Cushing Street
CITY	CITY
Warwick	North Providence
STATE	STATE
RI	RI
ZIP CODE	ZIP CODE
02886	02904
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES	PAR VALUE
	CLASS / SERIES			CLASS / SERIES	
1,000 SHS	NO PAR VALUE		200	Common	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.

File Date:

8/24/96

Check No:

1157

By:

*u*

For Secretary of State Use Only

*Eva Marie Barney*  
Signature of Officer

*Eva Marie Barney*  
Print or Type Name of Officer

*President*  
Title of Officer

8-15-96  
Date