

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

ROFIT	CORPORATION ANNUAL REPORT FOR THE YEAR	2005
	COMPONATION ANNUAL REPORT FOR THE TEAR	2000

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate II) No. 2. Name of Corporation 107199 To The Pointe of Performing Arts, Inc. 3. Street Address Principal Business Office Cranston 0-2920 Oaklawn Are RI 999 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-942-5554 RHODE ISLAND 9811 7. Brief Description of the Character of Business Conducted in Rhode Island
DANCE INSTRUCTIONS AND ALL OTHER DANCE RELATED ACTIVITIES. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Street Address Street Address Street Address State Zip City Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address State State Zip Director Name Street Address Street Address City State Z.(p) City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Gass/Series Par Value Number of Shares Class/Series Par Value 1,000 1,000 NO PAR VALUE 0 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 pay accompanying schedules and statements, and that all statements FOR SECRETARY OF STATE USE ONLY



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

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Filing Period: January 1	- March 1 • Fi	NNUAL REPOR	T FOR THE YEA	R200	04		
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Business Phone No. 101-942-5554		5 State of Incorporation RHODE ISLAND			6. SIC Code 9811		
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NAMES AND ADDRESS	SES OF THE DIRECT	 'ORS: <i>("X" BOX FOR AT</i>	TACHMENT)	SPACES BEFORE US	I ING ATTACHMENTS		
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ryctor Name	<u>l</u>	. J	Director Name				
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D. SHARES AUTHORIZE	SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
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Check No.			Signature of Officer Date Print or Type Name of Officer				
FOR SECRETARY OF STATE USE ONLY			President				

Title of Officer



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 LYPED OR PRI	NTED IN BLACK)				
1 Corporate ID No.	2. Name of Corporat		Λ		
107199	To The	toinle of terte	irming Arts, Inc	C .	
3. Street Address Principal Busine. 999 OaK	isolfia Iawn Ave	2	Cranston	State R.1.	^{zip} 02920
4. Business Phone No. 401-942-555	4	5. State of Incorporation Rhode. 151	land		6. SIC Code 981/
7. Brief Description of the Charact Dance Studio		r Khode Island			, - ,
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HIMENT) FILL IN SPACES	BEFORE USING ATTAC	CHMENTS
President Name Sheri Mas			Vice President Name		
street Addiess 157 Cassar	idra Lan	e	Street Address		
North Kingston	on State R. I.	Zip 02852	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		•
City	State	Zıp	City	State	Zip .
9. NAMES AND ADDRES	SSES OF THE DIRE	CTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	S BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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10. SHARES AUTHORIZE	ED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED @	X" BOX FOR ATTACHMENT))
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This report must be sign	ed in ink by eithe	er the President, Vice I	President, Secretary, Assis	tant Secretary, Treasu	rer, Receiver or Truste

	Under penalty of perjury, I declare and affirm that I have examined
	this teport, including any accompanying schedules and statements, and
10-10-03	that/all statements contained herein are true and correct,
File Date:	X/1/1 and 11. 10/8/13
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Check No.	/ Signature of Officer Date
<u> </u>	/ 1/3 J Masiello
Bv:	Print or Type Simple of Officer
FOR COURTERY OF CLASE HER ONLY	- Pricident
FOR SECRETARY OF STATE USE ONLY	Title of Officer
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Edward S. Inman, III, 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: Janua (FORM MUST BE TYPED IN B		• Filing Fee: \$50.00		· ILAR <u>-</u>	PLEASE E INSTRUCT
1. Corporate ID Nag 4. 10 + 199 3. Street Address Principal Busine	2 Nome of	Corporation The Pointe of	f Performing A	Irts State	Zip
999 OA	KLAWM	AVE	Cranston	Siale R1	02920
401-942-	5554	5. State of Incorporation	le Island		6. SIC Code
7 Brief Description of the Charac	ter of Business Com	lucted in Rhode Island			
dunce Studio 8. NAMES AND ADDRE	SSES OF THE	CE WEAR SHOP OFFICERS ("X" BOX FOR ATTA	CUMENT) FILL IN CRACEC		
Sheri Je			Vice President Name	BEFORE USING ATTA	ACHMENTS
20 ELM	hurst	AVE	Street Address		
Cranston	State R	1 210 02920	Cur	State	Zip
Secretary Name			Treasurer Name	•	• • • •
Street Address			Street Address		
Gity	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE	DIRECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES Director Name	5 BEFORE USING AT	TACHMENTS
Street Address			Street Address		
City	State	Zip	Сиу	State	Zip
Director Name	•	••	Director Name	· ··· · · · ·	••
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10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Closs/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

President The of Officer	Check No.: 9 86 108	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all enterpoints contained herein a feature and correct. Standing of Officer Print by Type Name of Officer Print by Type Name of Officer
	OR SECRETARY OF STATE USE ONLY	Tile of Officer President

1. Corporate ID No.

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

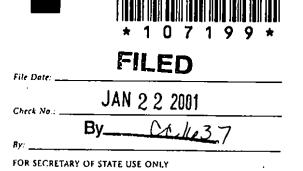
STOP PLEASE READ INSTRUCTIONS

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

2. Name of Corporation

107199	To The Pos	nte of Performi	ng Arta, Inc.		
4. Business Phone No. 401-942-SS. 7. Brief Description of the Chara) a K l a wn U 54 octer of Business Conducted In 1	S. State of Incorporation RHODE ISLANI		State R.T.	O2920 6. SIC Code 9811
8. NAMES AND ADDR				C BEFORE HEIMO ATTACH	
President Name	I JEAN MA		Vice President Name	S BEFORE USING ATTACH	MEN15
_	I JEAN MA	31640		none.	
Street Address 70 G	ENTIAN A	rVE.	Street Address		
PROVIDENCE	E State R.I	zip 02908	City	State	ZIp .
Secretary Nume		•	Treasurer Name	•	
•	none			none	
Street Address			Street Address		
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9. NAMES AND ADDR Director Name Street Address	ESSES OF THE DIREC	TORS (*X* BOX FOR ATTA	Director Name	CES BEFORE USING ATTAC	CHMENTS
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Director Name		•	Director Name	•	
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10. SHARES AUTHORIZ	ZED (*x* box for attacl	HMENT)	11. SHARES ISSUED	(*X" BOX FOR ATTACHMENT)	
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1,000 NO PAR V	ALUE		1,000		noparvalue
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all sportfeeds contained herein are true and correct.

Signafure of Officer

Date

Pripi or Type Name of Officer

Title of Afficer



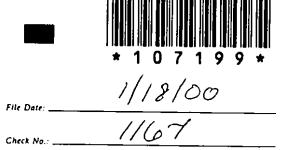
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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STOP PILASI RIAU PASIRE HOAS

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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 syagements contained hergin are true and correct.
Shery & Masulle 12-21-99
Sheri J, Masicilo
Print or Type Name of Officer Do A a day L