



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 107199		2. Name of Corporation To The Pointe of Performing Arts, Inc.			
3. Street Address Principal Business Office 999 Oaklawn Ave		City Cranston		State RI	Zip 02920
4. Business Phone No. 401-942-5554		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sheri J. Masiello			Vice President Name _____		
Street Address 157 Cassandra Ln			Street Address _____		
City North Kingstown	State RI	Zip 02852	City _____	State _____	Zip _____
Secretary Name _____			Treasurer Name _____		
Street Address _____			Street Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <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			1,000		0

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



File Date	1/6/05
Check No.	2621
By:	W.
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.

S. J. Masiello 1-4-05
Signature of Officer Date
S. J. Masiello
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
401.222.7770

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. 107199		2. Name of Corporation To The Pointe of Performing Arts, Inc.			
3. Street Address Principal Business Office 999 Oaklawn Ave		City Cranston		State RI	Zip 02920
4. Business Phone No. 401-942-5554		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sheri Masiello			Vice President Name —		
Street Address 159 Cassandra Ln			Street Address —		
City North Kingstown	State RI	Zip 02852	City —	State —	Zip —
Secretary Name —			Treasurer Name —		
Street Address —			Street Address —		
City —	State —	Zip —	City —	State —	Zip —
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
1,000 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
none					

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



* 1 0 7 1 9 9 *

File Date	1-20-04
Check No.	2384
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.

Signature of Officer
Date 1-15-04
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 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 107199 2. Name of Corporation To The Pointe of Performing Arts, Inc.
3. Street Address Principal Business Office 999 Oaklawn Ave City Cranston State R.I. Zip 02920
4. Business Phone No. 401-942-5554 5. State of Incorporation Rhode Island 6. SIC Code 9811

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

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

President Name <u>Sheri Masiello</u>	Vice President Name
Street Address <u>157 Cassandra Lane</u>	Street Address
City <u>North Kingstown</u> State <u>R.I.</u> Zip <u>02852</u>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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
<u>1000</u>		<u>Ø</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>1000</u>		<u>Ø</u>

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

File Date: 10-10-03
23.21
Check No. _____
By: 2

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.

Sheri Masiello 10/8/03
Signature of Officer Date
Sheri Masiello
Print or Type Name of Officer
President
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporation ID No. 2. Name of Corporation

107199 To The Pointe of Performing Arts

3. Street Address Principal Business Office

999 OAKLAWN AVE

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

401-942-5554

5. State of Incorporation

Rhode Island

6. SIC Code

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

dance studio / dancewear shop

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Sheri Jean Masiello

Vice President Name

Street Address

20 ELmhurst Ave

Street Address

City Cranston State RI Zip 02920

City

State

Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City State Zip

City

State

Zip

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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

no par value

no par value

Number of Shares

Class/Series

Par Value

1000

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.

Signature of Officer Sheri Jean Masiello Date 9-3-02

Print or Type Name of Officer Sheri Jean Masiello

Title of Officer President

File Date: 9/26/02

Check No.: 0166990053

By: _____

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
401-222-3040



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. **107199** 2. Name of Corporation **To The Pointe of Performing Arts, Inc.**
3. Street Address Principal Business Office **993 Oaklawn Ave** City **Cranston** State **R.I.** Zip **02920**
4. Business Phone No. **401-942-5554** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9811**

7. Brief Description of the Character of Business Conducted in Rhode Island
DANCE INSTRUCTION - DANCE SCHOOL

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

President Name SHERI JEAN MASIELLO	Vice President Name none
Street Address 70 GENTIAN AVE.	Street Address
City PROVIDENCE State R.I. Zip 02908	City State Zip
Secretary Name none	Treasurer Name none
Street Address	Street Address
City State Zip	City State Zip

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

Director Name none	Director Name none
Street Address	Street Address
City State Zip	City State Zip
Director Name none	Director Name none
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
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 no par value

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



* 1 0 7 1 9 9 *

FILED

File Date: **JAN 22 2001**

Check No.: **By Coke37**

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.

Signature of Officer **SJ MASIELLO** Date **1/14/01**
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.

107199

2. Name of Corporation

To The Points of Performing Arts, Inc.

3. Street Address Principal Business Office

993 Oaklawn Ave

City

Cranston

State

RI

Zip

02900

4. Business Phone No.

401-942-5554

5. State of Incorporation
RHODE ISLAND

6. SIC Code

9811

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

Dance + Exercise Studio

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Sheri Jean Masiello

Vice President Name

Sheri Jean Masiello

Street Address

70 Gertian Ave

Street Address

70 Gertian Ave

City

Prov

State

RI

Zip

02908

City

Prov

State

RI

Zip

02908

Secretary Name

none

Treasurer Name

none

Street Address

Street Address

City

State

Zip

City

State

Zip

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Sheri Jean Masello

Director Name

none

Street Address

70 Gertian Ave

Street Address

City

Prov

State

RI

Zip

02908

City

State

Zip

Director Name

none

Director Name

none

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

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

0

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



* 1 0 7 1 9 9 *

File Date:

1/18/00

Check No.:

1167

By:

ce

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.

Signature of Officer

Sheri J. Masiello

Date

12-21-99

Print or Type Name of Officer

President, Director

Title of Officer