

FILED



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

JAN 21 2021

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

BY

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No <b>24124</b>		2. Name of Corporation <b>MAHE K. JENNISON SCHOOL OF DANCES</b>	
3. Street Address Principal Business Office <b>586 PUTNAM PIKE</b>		City <b>GREENVILLE</b>	State <b>RI</b>
4. Business Phone No <b>401-949-0350</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. Brief Description of the Character of Business Conducted in Rhode Island <b>INSTRUCTION OF TAP, BALLET, JAZZ (6/16/10)</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>APRIL J. WATTEKROSS</b>		Vice President Name <b>TIMOTHY B. WATTEKROSS</b>	
Street Address <b>11 NEW RD</b>		Street Address <b>11 NEW RD</b>	
City <b>CHEPACHET</b>	State <b>RI</b>	City <b>CHEPACHET</b>	State <b>RI</b>
Zip <b>02814</b>		Zip <b>02814</b>	
Secretary Name <b>SAME 91</b>		Treasurer Name <b>SAME 1</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>APRIL J. WATTEKROSS</b>		Director Name	
Street Address <b>11 NEW RD</b>		Street Address	
City <b>CHEPACHET</b>	State <b>RI</b>	City	State
Zip <b>02814</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares <b>NONE</b>	Class/Series <b>1</b>
		Par Value <b>0</b>	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
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

Date

**TIMOTHY B. WATTEKROSS**  
Print or Type Name

**16 JAN 2021**  
Title