RI SOS Filing Number: 202197274350 Date: 5/28/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAY 28 2021
BY

Annual Report for the year: 2021
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
48025	Excite! Dance Company
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Formation of a dance company for participation in dance competitions by the students of Marie K. Jennison School of Dance whom audition for positions.
4. NAICS Code: 624110 - Child and Youth Servic	

6. Principal Office Address	City	State	Zip
586 Putnam Pike	Greenville	RI	02828

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: April J. Whitecross			Vice-President Name: Timothy B. Whitecross		
Street Address: 11 New Road			Street Address: 11 New Road		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814
Secretary Name: April J. Whitecross			Treasurer Name: Timothy B. Whitecross		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: April J. Whitecross			Director Name: Timothy B. Whitecross		
Street Address: 11 New Road			Street Address: 11 New Road		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814
Director Name: Breana Johnson			Director Name:		
Street Address: 14 Two Terrace Road			Street Address:		
City: Ridgefield	State: CT	Zip: 06877	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
April J. Whitecross	5/24/2021

Signature of Officer/Authorized Representative: April J. Whitecross

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

pd #2227

FORM 631 - Revised: 08/2020