RI SOS Filing Number: 202199168260 Date: 7/8/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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
001657258	Bee In Motion
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To Provide movement therapy instruction as a means for students and young adults of all abilities in the community to explore self-expression and non-verbal communications through movement and music.
4. NAICS Code: 621340	

6. Principal Office Address	City	State	Zip
56 Maple Ave, Box H-207	West Warwick	RI	02893

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

President Name: DENNIS HARVEY			Vice-President Name: Judy Niedbala - Member at Large		
Street Address: 56 Maple Ave, Box H-207			Street Address: 1130 Ten Rod Road, Ste B101		
City: West Warwick	State: RI	Zip: 02893	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: Adam Harvey			Treasurer Name:		
Street Address: 397 Willard Avenue			Street Address: street		
City: ~~Providence~~ Wakefield	State: RI	Zip: 02878	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: ROGER ~~MARK~~ Monk			Director Name:		
Street Address: 145 MASSASOIT DRIVE			Street Address:		
City: Warwick	State: RI	Zip: 02888	City:	State:	Zip:
Director Name: Kristin Blasbalg			Director Name: Susan L Hartnett LICSW		
Street Address: 70 Whitman Drive			Street Address: 2521 B Post Road		
City: Wakefield	State: RI	Zip: 02852	City: Wakefield	State: RI	Zip: 02879

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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: Dennis Harvey

Date: 7/8/2020

Signature of Officer/Authorized Representative: Dennis Harvey Dennis Harvey

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

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JUL 08 2021
BY CM TSASP

FORM 631 - Revised: 03/2019