	State of Rhode Office of the Secreta		Fee: \$20.00		
	Division Of Business 148 W. River S				
HOPE	Providence RI 0290 (401) 222-304				
Non-Profit Corporation Annual Report					
Filing Period: February 1 - May 1					
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.					
ANNUAL REPORT YEAR: 2022					
1. Corporate ID No. 000027137					
2. Name of Corporation <u>Festival Ballet Providence</u>					
3. State of Incorporation					
State: <u>RI</u>					
of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>					
NAICS Code			\checkmark		
711120 4. Principal Office Address					
No. and Street: <u>825 HOP</u>	<u>E STREET</u>				
City or Town: <u>PROVID</u>	ENCE State: R	<u>I</u> Zip: <u>02906</u>	Country: <u>USA</u>		
5. Brief Description of the Character of the Affairs Conducted in Rhode Island					
BALLET SCHOOL AND BALLET COMPANY					
6. Names and Addresses of the Officers and Directors:					
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.					
Title	Individual Name	Ad	ldress		
	First, Middle, Last, Suffix	Address, City or Town	, State, Zip Code, Country		
PRESIDENT	ALAN WEISS		RISAS CIRCLE /ICH, RI 02818 USA		
TREASURER	ERICA GUATIERI	7 W/	AKE ROBIN RD		

			LINCOLN, RI 02865 USA
	SECRETARY	LINDA MCGOLDRICK	PO BOX 3399 NEWPORT, RI 02840 USA
	VICE PRESIDENT	LAURINE RYAN-PERRY	370 WATERMAN AVE EAST PROVIDENCE, RI 02914 USA
l	DIRECTOR	MARISSA PARMENTER	1 ORIOLE STREET RUMFORD, RI 02916 USA
	DIRECTOR	DYLAN GILES	90 WALTHAM STREET APT. 2R PAWTUCKET, RI 02860 USA
	DIRECTOR	KATHLEEN MARIE BREEN COMBES	6 CARRIAGE LANE RUMFORD, RI 02916 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MIHAILO DJURIC 825 HOPE STREET PROVIDENCE, RI 02906

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

Signed this 11 Day of July, 2022 at 9:46:35 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>KATHLEEN BREEN COMBES</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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