

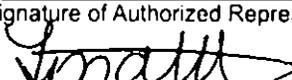


State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2023  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
**APR 06 2023**  
 BY 37423  
DS

1. Entity ID Number <b>1660263</b>		2. Exact name of the Corporation <b>Centerstage Dance Academy, Inc.</b>				
3. Principal Office Address <b>36 Capri Drive</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
4. NAICS Code <b>611610</b>		6. Brief description of the character of business conducted in Rhode Island <b>Dance Academy</b>				
5. State of Incorporation <b>Rhode Island</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Tina Vittorioso</b>			Vice-President Name <b>SAME</b>			
Street Address <b>36 Capri Drive</b>			Street Address			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip	
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <b>SAME</b>			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	
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		<b>1000</b>		<b>Common</b>	<b>No Par</b>	
11. 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. <b>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.</b>						
Name of Authorized Representative <b>Tina Vittorioso</b>					Date <b>3-27-23</b>	
Signature of Authorized Representative 						

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