RI SOS Filing Number: 202333270000 Date: 4/18/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

	Filing	period:	February	1	- May	1

→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation								
82527	The JASPER Ballet								
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island								
Rhode Island	Not for profit ballet company for the purpose of raising funds.								
4. NAICS Code	1				1				
711/720									
6. Principal Office Address			City	State	Zip OOBC4				
21 Taft Rd			Cumberland	RI	02864				
7. List ALL officers (names and add	dresses)			Check the box to indic	ate an attachment				
President Name Arlene Gilbert			Vice-President Name Beverly Levitt-Narciso						
Street Address 21 Taft Rd	 		Street Address 166 Terre Mar Drive						
City Cumberland	State RI	^{Zip} 02864	City N. Kingston	State R1	Zip 02852				
Secretary Name Stephanie Tak	tikos	<u>.l</u>	Treasurer Name Meaghan Bruneault						
Street Address 22 Mowry St			Street Address 277 Power Rd						
City Woonsocket	State RI	^{Zip} 02895	City Pawtucket	State RI	^{Zip} 02860				
8. List ALL directors (names and a	iddresses). RI Con	porations MUST	ist at least THREE directors.	Check the box to indi	cate an attachment				
Director Name Kathan Lamber	t		Director Name Meaghan Bruneault						
Street Address 415 Wallum La			Street Address 277 Power Rd						
City Pascoag	State RI	^{Zip} 02859	City Pawtucket	State RI	^{Zip} 02860				
Director Name Arlene Gilbert Director Name									
			Street Address						
Street Address 21 Taft Rd	7 _ : :	7:0	City	State	Zip				
City Cumberland	State RI	^{Zip} 02864		555-56-64					
9. The Registered Agent informati	ion of record with t	he RI Departmen	t of State is accurate. Changes	require tiling Form 64	dules and				
Under penalty of perjury, I deci- statements, and that all statem	ents contained Ni	erein are true an	Q COLLECT:						
This report must be signed by either the Pr	esident, Vice-President,	Secretary, Assistant	Secretary, Treasurer, duly Authorized Re	presentative, Receiver or Tr	ustee				
Name of Officer/Authorized Representative					Date				
Meaghan Bruneault				3/20/202					
Signature of Officer/Authorized Re	epresentative								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov