



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2023

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.

FILED

MAY 11 2023

B.P.

1. Entity ID Number <u>000030742</u>		2. Exact name of the Corporation <u>The Young Peoples School for the Performing Arts</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Teaching of theatre arts, Life skills, self esteem for grades 4-12</u>	
4. NAICS Code <u>011110</u>			
6. Principal Office Address <u>23 Cone Dr</u>		City <u>West Warwick</u>	State <u>RI</u> Zip <u>02893</u>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>DIANE Verdolotti</u>		Vice-President Name <u>Stephen Lowe</u>	
Street Address <u>23 Cone Dr</u>		Street Address <u>16 Fort Hill Rd</u>	
City <u>West Warwick</u>	State <u>RI</u>	City <u>Bristol</u>	State <u>RI</u> Zip <u>02809</u>
Secretary Name <u>Sheila Capace</u>		Treasurer Name <u>Stephen Lowe</u>	
Street Address <u>62 RACON HILL RD</u>		Street Address <u>16 Fort Hill Rd</u>	
City <u>West Greenwich</u>	State <u>RI</u>	City <u>Bristol</u>	State <u>RI</u> Zip <u>02809</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Monique LANEAU</u>		Director Name <u>DANIEL LANEAU</u>	
Street Address <u>19 Pamden Lane</u>		Street Address <u>19 Pamden Lane</u>	
City <u>Seekonk</u>	State <u>MA</u>	City <u>Seekonk</u>	State <u>MA</u> Zip <u>02771</u>
Director Name <u>Allison LANEAU</u>		Director Name	
Street Address <u>19 Pamden Lane</u>		Street Address	
City <u>Seekonk</u>	State <u>MA</u>	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 <u>DIANE Verdolotti</u>			Date <u>5/11/23</u>
Signature of Officer/Authorized Representative <u>Diane Verdolotti</u>			

MAIL TO:

Division of Business Services

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