



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number 001721963		2. Exact name of the Corporation Revolve Dance Project Inc.		2023 DEC 27 P 2:24	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Performing Arts Company bringing together musicians and dancers to create original collaborative works of art and educate the next generation of artists through outreach programs.			
4. NAICS Code 711120					
6. Principal Office Address 14 Gorton Street			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kirsten Evans			Vice-President Name Cameron MacIntosh		
Street Address 14 Gorton Street			Street Address 14 Gorton Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Brenna DiFrancesco			Treasurer Name Jenay Evans		
Street Address 11 Winthrop Drive			Street Address 282 Lake Street		
City Middletown	State RI	Zip 02842	City Seekonk	State MA	Zip 02771
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 Kirsten Evans			Director Name Cameron MacIntosh		
Street Address 14 Gorton Street			Street Address 14 Gorton Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Brenna DiFrancesco			Director Name		
Street Address 11 Winthrop Drive			Street Address		
City Middletown	State RI	Zip 02842	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Kirsten Evans				Date 12/26/23	
Signature of Officer/Authorized Representative 				FILED	

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

DEC 27 2023

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