



**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.  
 2024 OCT - 2  
 10/5

1. Entity ID Number <u>001701402</u>	2. Exact name of the Corporation <u>Fusion Fundraising</u>		
3. State of Incorporation <u>Rhode Island</u>	5. Brief description of the character of business conducted in Rhode Island <u>Fundraising for Dance Fusion Studios dancers To offset the cost of costumes, travel fees, choreography + competition fees.</u>		
4. NAICS Code <u>813219</u>			

6. Principal Office Address <u>300 Industrial Way</u> <u>3rd Floor</u>	City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>Dawn Costa</u>			Vice-President Name <u>Erica Gervasio</u>		
Street Address <u>1 Jillian way</u>			Street Address <u>8 Seagull Circle</u>		
City <u>Westport</u>	State <u>MA</u>	Zip <u>02790</u>	City <u>North Dartmouth</u>	State <u>MA</u>	Zip <u>02747</u>
Secretary Name <u>Jody Williams</u>			Treasurer Name <u>Kim Ouellette</u>		
Street Address <u>729 Sanford Rd</u>			Street Address <u>1850 Horton St</u>		
City <u>Westport</u>	State <u>MA</u>	Zip <u>02790</u>	City <u>North Dighton</u>	State <u>MA</u>	Zip <u>02764</u>

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment

Director Name <u>Sonia Dumoulin</u>			Director Name <u>Jody Williams</u>		
Street Address <u>342 Belmont St</u>			Street Address <u>729 Sanford Rd</u>		
City <u>Fall River</u>	State <u>MA</u>	Zip <u>02720</u>	City <u>Westport</u>	State <u>MA</u>	Zip <u>02790</u>
Director Name <u>Kim Ouellette</u>			Director Name		
Street Address <u>1850 Horton St</u>			Street Address		
City <u>North Dighton</u>	State <u>MA</u>	Zip <u>02764</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>Dawn M Costa</u>	<b>FILED</b> <u>9/24/24</u>
Signature of Officer/Authorized Representative <u>Dawn M Costa</u>	OCT 02 2024 BY <u>[Signature]</u>

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