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25 JAN 17 PM 12:19:33State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2025
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 <u>001674962</u>		2. Exact name of the Corporation <u>Dancing for A Cause, INC</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Fundraising for Charitable Purposes</u>	
4. NAICS Code <u>813219</u>			
6. Principal Office Address <u>80 Waumsett Ave</u>		City <u>Cumberland</u>	State <u>RI</u> Zip <u>02864</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Deanna H. Soares</u>		Vice-President Name	
Street Address <u>80 Waumsett Ave</u>		Street Address	
City <u>Cumberland</u>	State <u>RI</u>	City	State Zip
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State Zip
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>Deanna Soares</u>		Director Name <u>Lorraine Holander</u>	
Street Address <u>80 Waumsett Ave</u>		Street Address <u>49 Columbine Ave</u>	
City <u>Cumberland</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02861</u>
Director Name <u>Dr Edward Martin</u>		Director Name	
Street Address <u>12 Sefton Dr</u>		Street Address	
City <u>Cranston</u>	State <u>RI</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>Deanna H. Soares</u>			Date <u>1-17-25</u>
Signature of Officer/Authorized Representative <u>Deanna H. Soares</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

FILED

JAN 17 2025

BY QXTTD
AA 12:19 pm.

FORM 631- Revised 04/2023