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State of Rhode Island
Department of State - Business Services Division

Annual 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	2. Exact name of the Corporation
001339398	Passionate Choreo Dance Ministries Int'l
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Religious dance ministry demonstrated through art & dancing, meeting the Physical & Spiritual needs of the people
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
35 Diamond Street	Providence	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Angeline B. Capehart	Calvin L.S. Elton
Street Address: 35 Diamond Street	Street Address: 35 Diamond St
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02907
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	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 ☐

Director Name	Director Name
Oprah G. Page	Stefanie Togbasi
Street Address: 35 Diamond St. Pro	Street Address: 219 Prospect St
City: Providence State: RI Zip: 02907	City: Pawtucket State: RI Zip: 02860
Director Name: Angeline B. Capehart	Director Name: Calvin L. S. Elton
Street Address: 35 Diamond St	Street Address: 35 Diamond St
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02907

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	Date
Angeline B. Capehart	3/12/25

Signature of Officer/Authorized Representative: Acapehart

FILED
MAR 12 2025
BY VAGSZ

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

FORM 631- Revised 12/2023