



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 13 2025

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.

BY ISS

1. Entity ID Number <b>82527</b>		2. Exact name of the Corporation <b>The JASPER Ballet</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Not for profit ballet company for the purpose of raising funds.</b>			
4. NAICS Code <b>711120</b>					
6. Principal Office Address <b>21 Taft Rd</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Arlene Gilbert</b>			Vice-President Name <b>Beverly Levitt-Narciso</b>		
Street Address <b>21 Taft Rd</b>			Street Address <b>166 Terre Mar Drive</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>N. Kingston</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>Staphanie Taktikos</b>			Treasurer Name <b>Meaghan Bruneault</b>		
Street Address <b>22 Mowry St</b>			Street Address <b>277 Power Rd</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kathan Lambert</b>			Director Name <b>Meaghan Bruneault</b>		
Street Address <b>415 Wallum Lake Rd</b>			Street Address <b>277 Power Rd</b>		
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>Arlene Gilbert</b>			Director Name		
Street Address <b>21 Taft Rd</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Meaghan Bruneault</b>				Date <b>3/9/2025</b>	
Signature of Officer/Authorized Representative 					

## MAIL TO:

Division of Business Services

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