



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.

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1. Entity ID Number <u>000030742</u>		2. Exact name of the Corporation <u>The Young Peoples School for the Performing Arts, Inc</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Teaching of Theatre Arts, Life Skills, Self Esteem for Grades 4-12</u>	
4. NAICS Code <u>611110</u>			
6. Principal Office Address <u>23 Cone Dr</u>		City <u>West Warwick</u>	State <u>RI</u>
		Zip <u>02893</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Diane Verdolotti</u>		Vice-President Name <u>Stephen Lowe</u>	
Street Address <u>23 Cone Dr</u>		Street Address <u>16 Fort Hill Rd</u>	
City <u>West Warwick</u>	State <u>RI</u>	City <u>Bristol</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02809</u>	
Secretary Name <u>Sheila Capace</u>		Treasurer Name <u>Stephen Lowe</u>	
Street Address <u>62 Raccoon Hill Rd</u>		Street Address <u>16 Fort Hill Rd</u>	
City <u>West Greenwich</u>	State <u>RI</u>	City <u>Bristol</u>	State <u>RI</u>
Zip <u>02817</u>		Zip <u>02809</u>	
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>MONIQUE LAREAU</u>		Director Name <u>DANIEL LAREAU</u>	
Street Address <u>19 Pamden Lane</u>		Street Address <u>19 Pamden Lane</u>	
City <u>Seekonk</u>	State <u>MA</u>	City <u>Seekonk</u>	State <u>MA</u>
Zip <u>02771</u>		Zip <u>02771</u>	
Director Name <u>Allison LAREAU</u>		Director Name <u></u>	
Street Address <u>19 Pamden Lane</u>		Street Address <u></u>	
City <u>Seekonk</u>	State <u>MA</u>	City <u></u>	State <u></u>
Zip <u>02771</u>		Zip <u></u>	
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>Diane Verdolotti</u>		Date <u>5/8/25</u>	
Signature of Officer/Authorized Representative <u>Diane Verdolotti</u>		FILED	

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

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