



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.

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV

26 MAY 19 2025

1. Entity ID Number 001761760		2. Exact name of the Corporation Artistry in Motion			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The formation of a dance company for participation in dance competitions of Sandy Clossick Enterprises, Inc. dance studio			
4. NAICS Code 711320					
6. Principal Office Address 7 Taunton Avenue, Apt. 2			City Johnston	State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sandy Clossick			Vice-President Name Arthur Slader		
Street Address 7 Taunton Avenue, Apt. 2			Street Address 7 Taunton Avenue, Apt. 2		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 <input type="checkbox"/>					
Director Name Sandy Clossick			Director Name Arthur Slader		
Street Address 7 Taunton Avenue, Apt. 2			Street Address 7 Taunton Avenue, Apt. 2		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name David M. D'Agostino, Esquire			Director Name		
Street Address 25 Danielson Pike			Street Address		
City North Scituate	State RI	Zip 02857	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.					
<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					Date 5-13-25
Signature of Officer/Authorized Representative FILED					FILED

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

MAY 19 2025

BY **4642**

MAY 25 2025

BY **AA**