



Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 45359		2. Exact name of the Corporation Fusionworks, Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Dance Company	
4. NAICS Code 71			
6. Principal Office Address 204 Hillcrest Dr. North		City Cranston	State RI
		Zip 02921	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Brian Corte		Vice-President Name Erica Busilla Adams	
Street Address 283 East Main St. #29		Street Address 441 Huxley Avenue	
City Norton	State MA	City Providence	State RI
Zip 02766		Zip 02908	
Secretary Name Kent Stetson		Treasurer Name Robert Solama	
Street Address 92 Sharon St		Street Address 1845 Smith St #1	
City Providence	State RI	City North Providence	State RI
Zip 02908		Zip 02911	
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 Payge Clausius Parks		Director Name Melody Gamba	
Street Address 16 Dance Ave		Street Address 109 Ardmore Ave	
City Cumberland	State RI	City Providence	State RI
Zip 02864		Zip 02908	
Director Name Natalie Collet		Director Name Mary Hanlon	
Street Address 25 Holden St #2208		Street Address 7 Elaine Rd	
City Providence	State RI	City Hingham	State MA
Zip 02908		Zip 02043	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Stephanie Stanlund Shaw			Date 6/7/17
Signature of Officer/Authorized Representative 			

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
 JUN 12 2017
 3899