



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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 <u>000045359</u>		2. Exact name of the Corporation <u>Fusionworks, Inc.</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Dance Company, Performances; Education</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>204 Hillcrest Drive No.</u>		City <u>CRANSTON</u>	State <u>RI</u>
		Zip <u>02921</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Brian Corte</u>		Vice-President Name <u>Erica Busillo</u>	
Street Address <u>283 East Main St. Apt. 29</u>		Street Address <u>44 Huxley Ave.</u>	
City <u>Norton</u>	State <u>MA</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02766</u>		Zip <u>02908</u>	
Secretary Name <u>Natalie Colette</u>		Treasurer Name <u>Robert J. Schlama</u>	
Street Address <u>25 Holden St. #2208</u>		Street Address <u>54 Iona St.</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02908</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>Kent Stetson</u>		Director Name <u>Michelle LaFrance</u>	
Street Address <u>82 Sharon St.</u>		Street Address <u>650 Rocky Hill Rd.</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>No. Smithfield</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02896</u>	
Director Name <u>Mary Hanlon Manning</u>		Director Name <u>Deb Meunier</u>	
Street Address <u>7 Elaine Rd</u>		Street Address <u>204 Hillcrest Drive No.</u>	
City <u>Hingham</u>	State <u>MA</u>	City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02043</u>		Zip <u>02921</u>	
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.			
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>Brian Corte, President</u>			Date <u>7/6/18</u>
Signature of Officer/Authorized Representative <u>Brian Corte</u>			

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

JUL 16 2018

FORM 631 - Revised 11/2017

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