RI SOS Filing Number: 202198784560 Date: 6/28/2021 4:00:00 PM State of Rhode Island

State of Rhode Isla

Department of State - Business Services Division

2021

FILED

HIN 9 B 2021

Annual Report for the year: 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

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1. Entity ID Number	2 5,000	445					
82527	2. Exact name of the Corporation The JASPER Ballet						
3 State of Incorporation	5 Brief description of the character of business conducted in Rhode Island						
Rhode Island	Not for profit ballet company for the purpose of raising funds.						
4. NAICS Code	1						
711120							
6 Principal Office Address		.,	City	State	Zip		
21 Taft Rd			Cumberland	RI	02864		
7 List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Arlene Gilbert			Vice-President Name Beverly Levitt-Narciso				
Street Address 21 Taft Rd			Street Address 166 Terre Mar Drive				
City Cumberland	State RI	^{Zip} 02864	City N. Kingston	State RI	^{Zip} 02852		
Secretary Name Stephanie Taktikos			Treasurer Name Meaghan Bruneault				
Street Address 22 Mowry St			Street Address 277 Power Rd				
^{City} Woonsocket	State RI	^{Zip} 02895	City Pawtucket	State RI	^{Zip} 02860		
8 List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Kathan Lambert			Director Name Grant Lapine				
Street Address PO Box 250			Street Address 89 Bellevue Ave				
^{City} Pascoag	State RI	^{Zip} 02859	City N. Smithfield	State RI	^{Zip} 02896		
Director Name Arlene Gilbert			Director Name				
Street Address 21 Taft Rd			Street Address				
^{City} Cumberland	State RI	^{Zip} 02864	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.							
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				Date			
Meaghan Bruneault				6/25/2021			
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