



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2022

**1. Corporate ID No.** 000116217

**2. Name of Corporation** Shoreline Dance Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 194 ESTELLE DRIVE  
City or Town: WEST KINGSTON State: RI Zip: 02892 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO FURTHER DEVELOP INTEREST IN THE AREA OF CLASSICAL DANCE BY A COMMUNITY BASED ORGANIZATION

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LU-ANNE COX	194 ESTELLE DRIVE WEST KINGSTON, RI 02892- USA

DIRECTOR	CHRISTINE PALMER	1158 SISSON ROAD GREENE, RI 02827
DIRECTOR	DONALD COX	194 ESTELLE DRIVE WEST KINGSTON, RI 02892 USA
DIRECTOR	CAROLINE COX	194 ESTELLE DRIVE WEST KINGSTON, RI 02892 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DONNA BURKE, ESQ. 28 SOUTH GLEN COURT WAKEFIELD , RI 02879

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 20 Day of July, 2022 at 12:42:14 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LU-ANNE COX  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2022 State of Rhode Island  
All Rights Reserved