



**State of Rhode Island
Department of State - Business Services Division**

FILED

**Annual Report for the year:
Non-Profit Corporation**

2023

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

\$45.00

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1. Entity ID Number <u>116217</u>		2. Exact name of the Corporation <u>Shoreline Dance Inc.</u>			
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Dance education to enhance the existing programs offered in the community.</u>			
4. NAICS Code <u>711310</u>					
6. Principal Office Address <u>194 Estelle Dr.</u>			City <u>West Kingston</u>	State <u>RI</u>	Zip <u>02892</u>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Lu-Anne Cox</u>			Vice-President Name <u>Donald Cox</u>		
Street Address <u>194 Estelle Dr.</u>			Street Address <u>194 Estelle Dr.</u>		
City <u>West Kingston</u>	State <u>RI</u>	Zip <u>02892</u>	City <u>W. Kingston</u>	State <u>RI</u>	Zip <u>02892</u>
Secretary Name <u>Caroline Cox</u>			Treasurer Name <u>Lu-Anne Cox</u>		
Street Address <u>194 Estelle Dr.</u>			Street Address <u>194 Estelle Dr.</u>		
City <u>W. Kingston</u>	State <u>RI</u>	Zip <u>02892</u>	City <u>W. Kingston</u>	State <u>RI</u>	Zip <u>02892</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>Lu-Anne Cox</u>			Director Name <u>Caroline Cox</u>		
Street Address <u>194 Estelle Dr.</u>			Street Address <u>194 Estelle Dr.</u>		
City <u>W. Kingston</u>	State <u>RI</u>	Zip <u>02892</u>	City <u>W. Kingston</u>	State <u>RI</u>	Zip <u>02892</u>
Director Name <u>Donald Cox</u>			Director Name <u>None</u>		
Street Address <u>194 Estelle Dr.</u>			Street Address		
City <u>W. Kingston</u>	State <u>RI</u>	Zip <u>02892</u>	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>Lu-Anne Cox</u>				Date <u>6/19/2023</u>	
Signature of Officer/Authorized Representative <u>Lu-Anne Cox</u>					

MAIL TO:
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