



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(01 222 3040)

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time proscribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

| | | | | | |
|--|-------------|---|---|------------------------|---------------------|
| 1. Corporate ID No. 104499 | | 2. Name of Corporation DANCE CREATIONS, INC. | | | |
| 3. Street Address Principal Business Office 64 GLENDALE AVE | | | City WOONSOCKET | State RI | Zip 02895 |
| 4. Business Phone No. 401-769-7846 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island OPERATE A DANCE SCHOOL | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name DAWN GARIEPY | | | Vice President Name DAWN GARIEPY | | |
| Street Address 64 GLENDALE AVE | | | Street Address 64 GLENDALE AVE | | |
| City WOONSOCKET | State RI | Zip 02895 | City WOONSOCKET | State RI | Zip 02895 |
| Secretary Name DAWN GARIEPY | | | Treasurer Name DAWN GARIEPY | | |
| Street Address 64 GLENDALE AVE | | | Street Address 64 GLENDALE AVE | | |
| City WOONSOCKET | State RI | Zip 02895 | City WOONSOCKET | State RI | Zip 02895 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name DAWN GARIEPY | | | Director Name | | |
| Street Address 64 GLENDALE AVE | | | Street Address | | |
| City WOONSOCKET | State RI | Zip 02895 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| | | | Number of Shares 500 | Class/Series Common | Par Value NO PAR |
| | | | | | |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date **FILED**
Check No. **JAN 27 2011**
By: **7005**
BY FOR SECRETARY OF STATE USE ONLY

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.

Dawn R. Gariepy 1/24/11
Signature Date

DAWN GARIEPY
Print or Type Name

PRESIDENT
Title