



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 prescribed 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