



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

Fee: \$50.00

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

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000112475

2. Name of Corporation SunDance Services Corporation

3. Street Address Principal Business Office:

No. and Street: 101 SUN AVENUE, NORTH EAST

City or Town: ALBUQUERQUE

State: NM Zip: 87109 Country: USA

4. Business Phone No.

505-821-3355

5. State of Incorporation

State: TN

6. Brief Description of the Character of Business Conducted in Rhode Island

REHABILITATION THERAPY SERVICES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SUSAN GWYN	155 FEDERAL STREET SUITE 1100 BOSTON, MA 02110 USA
TREASURER	BRANDI M. RIDDLE	101 SUN AVE. NE ALBUQUERQUE, NM 87109 USA
SECRETARY	MICHAEL T. BERG	101 SUN AVE. NE ALBUQUERQUE, NM 87109 USA
CFO	PERRY STEEN	101 SUN AVE. NE ALBUQUERQUE, NM 87109 USA
VICE-PRESIDENT	MICHAEL NEWMAN	101 SUN AVE. NE ALBUQUERQUE, NM 87109- USA
DIRECTOR	BRYAN SHAUL	101 SUN AVE. NE ALBUQUERQUE, NM 87109 USA
DIRECTOR	SUSAN GWYN	155 FEDERAL STREET SUITE 1100 BOSTON, MA 02110 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	100.00	100

9. 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.

Signed this 23 Day of February, 2011 at 11:30:02 AM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHAEL T. BERG
Signature of Authorized Representative of the Corporation

SECRETARY
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

