



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 511276		2. Exact name of the Corporation DANCIN SPIRIT PERFORMING ARTS GROUP, INC.	
3. Principal Office Address 10 FAIR OAKS DRIVE		City LINCOLN	State RI
		Zip 02865	
4. NAICS Code 54 - Professional, Scientific, an	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT AND DEVELOPMENT AND OPERATION OF DANCE STUDIO		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CHRISTINE ATAMIAN BAIROS		Vice-President Name CHRISTINE ATAMIAN BAIROS	
Street Address 10 FAIR OAKS DRIVE		Street Address 10 FAIR OAKS DRIVE	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
Secretary Name CHRISTINE ATAMIAN BAIROS		Treasurer Name CHRISTINE ATAMIAN BAIROS	
Street Address 10 FAIR OAKS DRIVE		Street Address 10 FAIR OAKS DRIVE	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		NONE	
11. 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. 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.			
Name of Authorized Representative CHRISTINE ATAMIAN BAIROS		Date 2/8/17	
Signature of Authorized Representative <i>Christine Bairos</i>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
FEB 21 2017
 BY 6310910
[Signature]