



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 ☐				
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	Zip 02865	City LINCOLN	State RI
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	Zip 02865	City LINCOLN	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized Check the box to indicate an attachment ☐				
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		
		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 				

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
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BY 6310910