



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**Annual Report for the year: 2020**  
**Corporation**

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

**FILED STAMP**

**FEB 04 2020**

BY 9500 OS

1. Entity ID Number <b>104499</b>		2. Exact name of the Corporation <b>DANCE CREATIONS, INC.</b>											
3. Principal Office Address <b>64 GLENDALE AVENUE</b>		City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>									
4. NAICS Code <b>711310</b>	6. Brief description of the character of business conducted in Rhode Island <b>Operate a dance school</b>												
5. State of Incorporation <b>RHODE ISLAND</b>													
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>													
President Name <b>DAWN GARIEPY</b>		Vice-President Name <b>DAWN GARIEPY</b>											
Street Address <b>64 GLENDALE AVENUE</b>		Street Address <b>64 GLENDALE AVENUE</b>											
City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>WOONSOCKET</b>	State <b>RI</b>									
Secretary Name <b>DAWN GARIEPY</b>		Treasurer Name <b>DAWN GARIEPY</b>											
Street Address <b>64 GLENDALE AVENUE</b>		Street Address <b>64 GLENDALE AVENUE</b>											
City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>WOONSOCKET</b>	State <b>RI</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>													
Director Name <b>DAWN GARIEPY</b>		Director Name											
Street Address <b>64 GLENDALE AVENUE</b>		Street Address											
City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	City	State									
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>													
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> <tr> <td><b>500</b></td> <td><b>COMMON</b></td> <td><b>NO PAR</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>500</b>	<b>COMMON</b>	<b>NO PAR</b>			
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<b>500</b>	<b>COMMON</b>	<b>NO PAR</b>											
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.													
<b>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.</b>													
Name of Authorized Representative <b>DAWN GARIEPY</b>				Date									
Signature of Authorized Representative  <div style="text-align: center;">SIGN DOCUMENT HERE</div>													

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