



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

AUG 31 2020

BY 32435 DS

| | | | |
|---|--|---|-------------------------------|
| 1. Entity ID Number 122316 | | 2. Exact name of the Corporation Dancers Warehouse, Inc. | |
| 3. Principal Office Address 375 Putnum Pike | | City Smithfield | State RI |
| Zip 02914 | | | |
| 4. NAICS Code 452990 | 6. Brief description of the character of business conducted in Rhode Island To sell, market and distribute, import and export, at wholesale and at retail, personal property of every kind and description | | |
| 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 Armand R. Labrie, Jr. | | Vice-President Name SAME | |
| Street Address 140 Aldrich Road | | Street Address | |
| City Scituate | State RI | Zip 02857 | |
| Secretary Name SAME | | Treasurer Name SAME | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 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 | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| Changes require an additional filing. | | | |
| | | NUMBER OF SHARES 1,000 | CLASS/SERIES COMMON |
| | | PAR VALUE 1.00 | |
| 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 Armand R. Labrie, Jr. | | Date 8/26/2020 | |
| Signature of Authorized Representative | | SIGN DOCUMENT HERE. | |

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov