



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation \_\_\_\_\_

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
FEB 29 2024  
BY 11409

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                             |                                                        |                    |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------|--------------------------|
| 1. Entity ID Number<br><b>511276</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | 2. Exact name of the Corporation<br><b>Dancin Spirit Performing Arts Group, Inc.</b>                                                                        |                                                        |                    |                          |
| 3. Principal Office Address<br><b>10 Fair Oaks Drive</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                                                                                             | City<br><b>Lincoln</b>                                 | State<br><b>RI</b> | Zip<br><b>02865</b>      |
| 4. NAICS Code<br><b>711310</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Management and Development and Operations of Dance Studio</b> |                                                        |                    |                          |
| 5. State of Incorporation<br><b>RI</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<br><b>Christine Atamian Bairos</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                                                                                                             | Vice-President Name<br><b>Christine Atamian Bairos</b> |                    |                          |
| Street Address<br><b>10 Fair Oaks Drive</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                                                                                             | Street Address<br><b>10 Fair Oaks Drive</b>            |                    |                          |
| City<br><b>Lincoln</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | State<br><b>RI</b> | Zip<br><b>02865</b>                                                                                                                                         | City<br><b>Lincoln</b>                                 | State<br><b>RI</b> | Zip<br><b>02865</b>      |
| Secretary Name<br><b>Christine Atamian Bairos</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                                                                                                             | Treasurer Name<br><b>Christine Atamian Bairos</b>      |                    |                          |
| Street Address<br><b>10 Fair Oaks Drive</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                                                                                             | Street Address<br><b>10 Fair Oaks Drive</b>            |                    |                          |
| City<br><b>Lincoln</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | State<br><b>RI</b> | Zip<br><b>02865</b>                                                                                                                                         | City<br><b>Lincoln</b>                                 | State<br><b>RI</b> | Zip<br><b>02865</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                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                                             | Director Name                                          |                    |                          |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                                                             | Street Address                                         |                    |                          |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State              | Zip                                                                                                                                                         | City                                                   | State              | Zip                      |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                                             | Director Name                                          |                    |                          |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                                                             | Street Address                                         |                    |                          |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State              | Zip                                                                                                                                                         | City                                                   | State              | Zip                      |
| 9. Shares Authorized                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | 10. Shares Issued <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.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |                    | NUMBER OF SHARES                                                                                                                                            |                                                        | CLASS/SERIES       | PAR VALUE                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | <u>10</u>                                                                                                                                                   |                                                        | <u>1</u>           |                          |
| 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.<br><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<br><b>Christine Atamian Bairos</b>                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                             |                                                        |                    | Date<br><b>2/26/2024</b> |
| Signature of Authorized Representative<br><i>Christine Atamian Bairos</i>                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                                                                             |                                                        |                    |                          |

**MAIL TO:**  
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