



State of Rhode Island
 Department of State - Business Services Division

FILED

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.

MAR 27 2024
 BY 10334
 OS

1. Entity ID Number 104499		2. Exact name of the Corporation DANCE CREATIONS, INC.			
3. Principal Office Address 64 GLENDALE AVENUE			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 711310		6. Brief description of the character of business conducted in Rhode Island OPERATE A DANCE SCHOOL			
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 DAWN GARIEPY			Vice-President: Name DAWN GARIEPY		
Street Address 64 GLENDALE AVENUE			Street Address 64 GLENDALE AVENUE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name DAWN GARIEPY			Treasurer Name DAWN GARIEPY		
Street Address 64 GLENDALE AVENUE			Street Address 64 GLENDALE AVENUE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAWN GARIEPY			Director Name		
Street Address 64 GLENDALE AVENUE			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	
		500		COMMON	
				PAR VALUE	
				NO PAR	
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 DAWN GARIEPY				Date 3/25/24	
Signature of Authorized Representative <i>Dawn R. Gariepy</i>					

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