



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2025  
**Corporation**

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

**FIELD**

FEB 11 2025

BY 10510

*Handwritten initials*

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)					Check the box to indicate an attachment <input type="checkbox"/>
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>	Zip <b>02895</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>	Zip <b>02895</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<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 <b>2/3/25</b>
Signature of Authorized Representative <i>DAWN GARIEPY</i>					

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