



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2630
401.222.3030

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 09

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.


1. ID No. <u>163095</u>		2. Exact name of the limited liability company <u>TANGO YMAS, LLC</u>	
3. State of Formation <u>R.I.</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>TANGO LESSONS (DANCE)</u>	
5. Principal office address <u>918 Chalkstone Ave Apt 3L</u>		City <u>PROVIDENCE</u>	State <u>R.I.</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>TERESA GARCIA</u>		Contact Title	
Street Address		City	State
City		State	Zip
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <u>NONE</u>		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name		Address	
Address		City	Zip

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2009 AUG 28 AM 8:59

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED	
File Date	<u>AUG 28 2009</u>
Check No.	<u>By 97641</u>
By:	<u>TERESA GARCIA</u>
FOR SECRETARY OF STATE USE ONLY	

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.


 Signature of Authorized Person 8-28-09
 Date
TERESA GARCIA
 Print or Type Name of Authorized Person