



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 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

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

n 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. 156803 2. Exact name of the limited liability company Kari Tieger, LLC

3. State of Formation RI 4. Brief description of the character of the business which is actually conducted in Rhode Island Music Education, Recording of CDs for sale

5. Principal office address P.O. Box 154513 City Riverside State RI Zip 02915

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:
Contact Name Kari Tieger Contact Title Owner and President

Street Address 82 President Avenue City Riverside State RI Zip 02915

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)

Manager Name _____ Manager Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Manager Name _____ Manager Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

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 _____

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

Kari Tieger 8/30/10
Signature of Authorized Person Date

Kari Tieger

FILED
File Date <u>AUG 30 2010</u>
Check No. _____
By <u>507</u>
By: _____