

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 2011

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.

(A.1.G.E. 7-10-00 (B&C)) is subject t	o a penany jee oj \$25.00	•				
i	name of the limited liability		^			
156803 K		2921 ) 201				
3. State of Formation A. Brief description of the character of the business which is actually conducted in Rhode Island, Rhode Island, Music Education, Recording of CDs for Sal						
5. Principal office address P.O. Box 154513			Riverside R1 02915			
'	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:		
Contact Name Kari Tieger			Owner and President			
Street Address 82	Presiden	it Avenue	Riverside	State R1	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)						
	FILL IN SPACE	DEFUKE USING ALL	CHMBNIS (X BOXPORATI	ACHMENT)		
Manager Name			Manager Name			
			•			
Street Address			Street Address			
			• • •			
City	State	Zip	City	State	Zip	
					i	
Manager Name		Manager Name				
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH	DDE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 - I	R.I.G.L. 7-16-	<b>ii</b> tara ka	
Agent Name Address						
Address		City	1 2	Zip		
				•		
			I			

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

FLED
File Date Check No. AUG 2 9 2011
by: <b>BY</b> 614
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

Date

Print or Time Name of Authorized Power