



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 2011

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 159569		2. Exact name of the limited liability company Big DANCE ENTERTAINMENT LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island DJ + KARAOKE BUSINESS			
5. Principal office address 6 ELIZABETH RD.		City BARRINGTON	State RI	Zip 02806	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT F. BOURASSA		Contact Title PRESIDENT			
Street Address SAME as ABOVE		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) ☐					
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					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

FILED

OCT 26 2011

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

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SECRETARY OF STATE
CORPORATIONS DIV
2011 OCT 26 PM 12:31

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.

Robert F. Bourassa

Signature of Authorized Person

10/26/2011

Date

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

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