

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR __ 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2 Evant nam	no of the limited lies	ilitu oo ma any				
1. Entity ID No. 2. Exact name of the limited liability company VV ISSU'S DANCE & Fitness Studio							
WWW TUNT J	LY 13	7001					
3. State of Formation	4. Brief desc	cription of the chara	cter of business conducted in Rt		<u> </u>		
Khode Isla	and lea	ching	Dance and	, t r) ·	22		
5. Principal office address	niral St.		Provider		2 20 25 c	9	
6. MAILING ADDRESS	OF LIMITED LIABILIT	Y COMPANY AND	NAME OF TITLE OF CONTAC	T PERSON:		G_{H}	
Contact Name	sy Philly	pino	Contact Title	ma	20		
Street Address 834 Admiral St.			city Provide	lonce State	Zip J	704	
7. LIST <u>ALL</u> MANAGE	S (NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - DO N	OT LIST MEN	BÈRS	
("X" BOX FOR ATTA Manager Name	CHMEN!)	Part to School Fe	Managar Nama	enation as the state of	g erest in de greg		
Widinger Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
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Street Address			Street Address		73		
City	State	Zip	City	State	Zip S		
	1	1	O.C.	State	Zip 1		
8. RESIDENT AGENT IN		green seems of			37 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	-4-7	
This information is cur	rently of record in the	Office of the Sec	retary of State. Changes requi	re filing Form 642.	I»		
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SEP 2 0 2012							
BY DC 179356							

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that at statements contained berein are true and correct.

Signature of Authorized Person

Print or Type Name of Authorized Person