



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

148 W. River Street, Providence, Rhode Island 02904-2615

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**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2013

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.<br><b>000796851</b>  |       | 2. Exact name of the limited liability company<br><b>Second Stage Studio, LLC</b>                               |   |
| 3. State of Formation<br><b>Rhode Island</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Performing Arts Education</b> |   |
| 5. Principal office address<br><b>1 Angell Road</b>   |       | City<br><b>Cumberland</b>   | State<br><b>RI</b><br>Zip<br><b>02864</b> |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |       |   |   |
| Contact Name<br><b>Joanne Vecchio</b>   |       | Contact Title<br><b>Founder, Artistic Director</b>  |   |
| Street Address<br><b>PO Box 7484</b>  |       | City<br><b>Cumberland</b>   | State<br><b>RI</b><br>Zip<br><b>02864</b> |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |   |   |
| Manager Name  |       | Manager Name  |   |
| Street Address  |       | Street Address  |   |
| City  | State | Zip   | City                                      |
| Manager Name  |       | Manager Name  |   |
| Street Address  |       | Street Address  |   |
| City  | State | Zip   | City                                      |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |       |   |   |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |   |   |

FILED

OCT 09 2013

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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.

*Joanne Vecchio*  
Signature of Authorized Person

10/03/2013

Date

Joanne Vecchio, Founder, Artistic Director

Print or Type Name of Authorized Person