

## 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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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. Exact r         | name of the limited li  | ability company                 |                    |                     |  |  |  |  |
|---|--------------------|---|---------------------------------|--------------------|---------------------|--|--|--|--|
| 326172  | Defyin             | 2. Exact name of the limited liability company  Defying Gravity School of Dance, LLC  |                                 |                    |                     |  |  |  |  |
| 3. State of Formation                                       | 4. Brief de        | 4. Brief description of the character of husband  |                                 |                    |                     |  |  |  |  |
| Rhode Island  | To ope             | <ol> <li>Brief description of the character of business conducted in Rhode Island</li> <li>To operate a dance school and related activities.</li> </ol> |                                 |                    |                     |  |  |  |  |
|   |                    |   | oo. and related activities      | •                  |                     |  |  |  |  |
| 5. Principal office address                                 |                    |   | City                            | 100                | ·                   |  |  |  |  |
| 140 Comstock Parkway  |                    |   | Cranatan                        | State<br><b>RI</b> | Zip<br><b>02921</b> |  |  |  |  |
| Contact Name  | ALMITED LABIE      | TTY COMPANY AN  | NAME OF THE FORCOMAC            | PERSON             | 0202                |  |  |  |  |
| RELATED LABOR COMPANY AND N<br>Contact Name<br>Nicole Bibby |                    |   | Contact Title                   | Contact file       |                     |  |  |  |  |
| Street Address  |                    | <del></del>   | Member                          |                    |                     |  |  |  |  |
| 140 Comstock Parkway  |                    |   | City<br>Cranston                | State RI           | Zip<br><b>02921</b> |  |  |  |  |
| LIST ALL MANAGERS   | (NAMES AND AD      | DRESSES) OF THE   | LIMITED LIABILITY COMPANY.      | RI                 | 02921               |  |  |  |  |
| *("X" BOX FOR ATTACH  | MENT)              |   |                                 | IF APPLICABLE - DO | NOT LIST MEMBERS    |  |  |  |  |
| Manager Name  | _                  |   | Manager Name                    |                    |                     |  |  |  |  |
| treet Address   |                    |   |                                 |                    |                     |  |  |  |  |
|   |                    |   | Street Address                  |                    |                     |  |  |  |  |
| City  | State              | Zip   | City                            |                    | <u>.</u>            |  |  |  |  |
|   |                    | 1   | City                            | State              | Zip                 |  |  |  |  |
| fanager Name  |                    |   | Manager Name                    |                    |                     |  |  |  |  |
| treet Address   |                    |   |                                 |                    |                     |  |  |  |  |
| acet Addiess  |                    |   | Street Address                  | Street Address     |                     |  |  |  |  |
| ty  | State              | 7:  |                                 |                    |                     |  |  |  |  |
|   | O.Q.O              | Zip   | City                            | State              | Zip                 |  |  |  |  |
| HESIDENT AGENT IN TH  | ODE ISLAND         |   |                                 |                    |                     |  |  |  |  |
| is information is currenti                                  | y of record in the | Office of the Secr  | etary of State. Changes require |                    |                     |  |  |  |  |
|   |                    | 2 1 1 1 0 0 0 0 1   | ctary or state. Changes require | illing Form 642.   |                     |  |  |  |  |

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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 all statements contained herein are true and correct.

Signature of Authorized Person

**Nicole Bibby** 

Print or Type Name of Authorized Person