RI SOS Filing Number: 201734544000 Date: 2/22/2017 12:03:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

R.I. DEPT. OF STATE BUS SVCS DIV

2017 FEB 22 PM 12: 01

Stilling a sile de Contambra 4 - Nov

-> Filing period: September 1 - November 1

→ Filing Fee: \$50.00

Penalty: Additional \$25.00 fee if form is not filed by December 1.

| 1. Entity ID Number  | 2. Exact r       | 2. Exact name of the Limited Liability Company                           |   |                       |                 |  |
|--|------------------|--|---|-----------------------|-----------------|--|
| 000691832  | CREATI           | CREATIVE MOVEMENT, LLC   |   |                       |                 |  |
| 3. NAICS Code  |                  | Brief description of the character of business conducted in Rhode Island |   |                       |                 |  |
|  | DANCE            | INSTRUCTOR   |   |                       |                 |  |
| 711100   |                  | 4  |   |                       |                 |  |
| 5. State of Formation  |                  |  |   |                       |                 |  |
| RI   |                  |  |   |                       |                 |  |
| 6. Principal Office Address  |                  |  | City  | State                 | Zip             |  |
| 11 VANDERBILT TERRACE  |                  |  | COVENTRY  | RI                    | 02816           |  |
| 7. Mailing Address of Limited                                      | Liability Compar | ny and Name or   | Title of Contact Person                         |                       |                 |  |
| Contact Name   |                  |  | Contact Title                                   |                       |                 |  |
| HOLLY CRIDER Street Address  |                  |  | LLC MEMBER                                      | State                 | Zip             |  |
| 11 VANDERBILT TERRACE  |                  |  | City<br>COVENTRY                                | RI                    | 02816           |  |
| 8. List ALL managers (names  | and addresses)   | of the Limited Lia   | ibility Company, IF APPLICABLE -                |                       |                 |  |
| Manager Name   |                  |  | Manager Name                                    |                       |                 |  |
| Street Address   |                  |  | Street Address                                  |                       |                 |  |
| City   | State            | Zip  | City  | State                 | Zip             |  |
| Manager Name   |                  |  | Manager Name                                    | Manager Name          |                 |  |
| Street Address   |                  |  | Street Address                                  |                       |                 |  |
| City   | State            | Zip  | City  | State                 | Zip             |  |
|  |                  |  | Chec  | k the box to indicate | e an attachment |  |
|  |                  |  | f record with the Department of State           |                       |                 |  |
| Under penalty of perjury, I de statements, and that all statements |                  |  | kamined this report, including a<br>nd correct. | ny accompanying s     | chedules and    |  |
| Name of Authorized Person  |                  |  |   | Date                  |                 |  |
| Hour Will H  |                  |  | Holly Crider                                    | 12/29/14              |                 |  |
| Signature of Authorized Person                                     |                  | d  |   | ,                     | •               |  |
|  |                  | FILED C  |   |                       |                 |  |

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 2 2 2017

BY M 296408

FORM 632 - Revised: 08/2016