Annual Report for the year: 2017 Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

SEP SÃ	RECEIVA RA DEPA. OF MUS SYCS
A	SDS
<u></u>	< <u>X</u>
<u>_</u>	

					<u>+- m</u>	
1. Entity ID Number	2. Exact name of the Limited Liability Company				ा	
954855	SB NEWPORT, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
611410						
5. State of Formation	to operate	e a barre/dance	studio			
Rhode Island						
6. Principal Office Address	1		City	State	Zip	
107 Crest Field Lane			North Kingstown	RI	02852-0000	
7. Mailing Address of Limited Lia	ability Compan	y and Name or Tr	tle of Contact Person			
Contact Name	Contact Title					
Tanis Collard		Manager				
Street Address	· -		City	State	Zip	
107 Crest Field Lane			North Kingstown	RI	02852-0000	
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLICABLE -	DO NOT LIST ME	MBERS	
Manager Name	Manager Name					
Tanis Collard Street Address			Street Address			
107 Crest Field Lane			Street Audress			
City	State	Zip	City	State	Zip	
North Kingstown	RI	02852		1		
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			Ch	eck the box to indi	cate an attachment	
9. Resident Agent in Rhode Islan	nd. This informa	tion is currently of re	ecord with the Department of State. Ch	anges require filing F	orm 642.	
Under penalty of perjury, I dec statements, and that all staten			mined this report, including any e and correct.	accompanying s	chedules and	
Name of Authorized Person	son			Date		
Tanis Collard	Manager			09/01/2017		
Signature of Authorized Person						
Tamio Collano	1	SIGN D	OCUMENT HERE			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov **FILED**

SEP 2 0 2017

FORM 632 - Revised: 08/2017