



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 132913	2. Exact name of the limited liability company HERITAGE BALLET, LLC
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF TEACHING CLASSICAL BALLET AND DANCE.

5. Principal office address 1947 OLD LOUISQUISSET PIKE	City LINCOLN	State RI	Zip 02865-4517
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PATRICIA A DUBOIS	Contact Title		
Street Address 14 RED CHIMNEY DRIVE	City LINCOLN	State RI	Zip 02865-4610

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE  
 FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)   
 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip	Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11	
Agent Name PATRICIA A. DUBOIS	Address 14 RED CHIMNEY DRIVE
Address	City LINCOLN
	State RI
	Zip 02865-4610

This report must be signed in ink by an authorized person pursuant to 7-16-66.



*132913 DLLC 10/09/05 02:36:11 PM*
File Date <u>10/14/05</u>
Check No. <u>1247</u>
By: <u>CA</u>
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.

Patricia A. Dubois 9/10/05  
Signature of Authorized Person Date

**PATRICIA A. DUBOIS**  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Mathew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PATRICIA A. DUBOIS			Contact Title MEMBER		
Street Address 14 RED CHIMNEY DRIVE			City LINCOLN	State RI	Zip 02865-4610
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Street Address			*Street Address		
City	State	Zip	*City	*State	*Zip
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1 3 2 9 1 3

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*Patricia A. Dubois* 10/13/04  
Signature of Authorized Person Date

PATRICIA A. DUBOIS  
Print or Type Name of Authorized Person

*132913 DLLC 10/13/04 10:00:49 AM*
File Date <u>10/15/04</u>
Check No. <u>1140</u>
By: <u>Y.</u>
FOR SECRETARY OF STATE USE ONLY