State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED STAMP

AUG 28 2020

BY

Annual Report for the year: 2020

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company
954855	SB NEWPORT, LLC
3. NAICS Code: 711130	4. Brief description of the character of business conducted in Rhode Island: to operate a barre/dance studio
5. State of Formation: Rhode Island	

6. Principal Office Address	City	State	Zip
109 Crest Field Lane	North Kingstown	RI	02852-0000

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Tanis Collard	Manager		
Street Address	**City**	**State**	**Zip**
109 Crest Field Lane	North Kingstown	RI	02852-0000

8. List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Tanis Collard					
Street Address			**Street Address**		
109 Crest Field Lane					
City	**State**	**Zip**	**City**	**State**	**Zip**
North Kingstown	RI	02852			
Manager Name			**Manager Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642

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.

Name of Authorized Person		Date
Tanis Collard	Manager	09/07/2020

Signature of Authorized Person: Tanis Collard SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov