



State of Rhode Island

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

## Annual Report for the year: 2021 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.

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SEP 0 7 2021 BY 1208

2. Exact name of the Limited Liability Company The Sound of Dance,LLC					
Brief description of the character of business conducted in Rhode Island     Ballroom Dance Studio					
6. Principal Office Address 271 Post Road			State RI	Zip 02891	
bility Company a	nd Name or Title	of Contact Person			
Contact Name Olga Golubko			Contact Title Co-owner		
Street Address 271 Post Road			State RI	Zip 02891	
nd addresses) of	the Limited Liabil	ity Company, IF APPLICABLE	- DO NOT LIST ME	MBERS	
Manager Name			Manager Name		
Street Address			Street Address		
State	Zip	City	State	Zip	
Manager Name			Manager Name		
Street Address			Street Address		
State	Zip	City	State	Zip	
	<del>*</del>	* · · · · · · · · · · · · · · · · · · ·	Check the box to ind	icate an attachment	
on currently of rec	ord with the RID	Department of State is accurate	e. Changes require f	iling Form 642.	
lare and affirm t nents contained	hat i have exam herein are true	ined this report, including a and correct.	ny accompanying	schedules and	
Name of Authorized Person Olga Golubko				Date 08/30/2021	
At-	_			· · · · · · · · · · · · · · · · · · ·	
	The Sound  4. Brief descript Ballroom Dani  bility Company a  diaddresses) of  State  State	The Sound of Dance,L  4. Brief description of the character Ballroom Dance Studio  bility Company and Name or Title  and addresses) of the Limited Liabil  State Zip  State Zip  an currently of record with the RID  lare and affirm that I have examinated the state of	The Sound of Dance, LLC  4. Brief description of the character of business conducted in F Ballroom Dance Studio  City Westerty  bility Company and Name or Title of Contact Person Contact Title Co-owner  City Westerty  Ind addresses) of the Limited Liability Company, IF APPLICABLE Manager Name Street Address  State  Zip  City  Manager Name Street Address  State  Zip  City  Manager Name  Street Address  State  Zip  City  Manager Name  Street Address	A. Brief description of the character of business conducted in Rhode Island Ballroom Dance Studio    City	

MAIL TO:

**Division of Business Services** 

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