



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year:** 2025  
**Limited Liability Company**

- Filing period: February 1 - May 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

**MAR 04 2025**

**BY**

|                                                                                                                                                                                                         |  |                                                                                                                                                         |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. Entity ID Number<br><b>000132913</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>HERITAGE BALLET LLC</b>                                                                            |                              |
| 3. NAICS Code<br><b>711100</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>To engage in the business of teaching classical ballet and dance.</b> |                              |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                                                                         |                              |
| 6. Principal Office Address<br><b>655 Douglas Pike</b>                                                                                                                                                  |  | City<br><b>Smithfield</b>                                                                                                                               | State<br><b>RI</b>           |
| Zip<br><b>02917</b>                                                                                                                                                                                     |  |                                                                                                                                                         |                              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                                         |                              |
| Contact Name <b>Patricia Dubois</b>                                                                                                                                                                     |  | Contact Title <b>Member</b>                                                                                                                             |                              |
| Street Address <b>14 Red Chimney Drive</b>                                                                                                                                                              |  | City <b>Lincoln</b>                                                                                                                                     | State <b>RI</b>              |
| Zip <b>02865</b>                                                                                                                                                                                        |  |                                                                                                                                                         |                              |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642                                                                      |  |                                                                                                                                                         |                              |
| 9. 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<br><b>Patricia Dubois</b>                                                                                                                                                     |  |                                                                                                                                                         | Date<br><b>March 1, 2025</b> |
| Signature of Authorized Person<br><i>Patricia Dubois</i>                                                                                                                                                |  |                                                                                                                                                         |                              |

**MAIL TO:**

**Division of Business Services**  
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