



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street, Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2009  
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 146096		2. Exact name of the limited liability company Living Art Theatricks, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROMOTION AND PRODUCTION OF YOUTH THEATRICAL AND MUSICAL ENTERTAINMENT			
5. Principal office address 66 PADDOCK DRIVE		City WARWICK	State RI	Zip 02886-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name JEFFREY T BUCO		Contact Title			
Street Address 66 PADDOCK DRIVE		City WARWICK	State RI	Zip 02886-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY TO APPEAR ON THE PUBLIC RECORDS. LIST IN PAGES BEFORE USING ATTACHMENTS. BY BOX OR ATTACHMENT. ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 15-12-6 (2) 7-16-52					
Manager Name None		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. PRESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642. R.I.G.L. 15-12-6					
Agent Name FREDERIC A. MARZILLI		Address 685 WARREN AVENUE			
Address		City EAST PROVIDENCE	Zip 02914-		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



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\*146096 DLLC 07/31/07 10:24:39 AM\*

File Date: 9-8-09

Check No: 2877

By: MNC

FOR SECRETARY OF STATE USE ONLY

9/8/09  
2877  
MNC

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.

Jeffrey T. Bucu 8/29/09  
Signature of Authorized Person Date  
Jeffrey T. Bucu, Member  
Print or Type Name of Authorized Person