



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000124218		2. Exact name of the limited liability company NPAC, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Performing Arts Center			
5. Principal office address 19 Touro Street		City Newport	State RI	Zip 02840	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name Anne M. Livingston		Contact Title Treasurer			
Street Address PO Box 234		City Newport	State RI	Zip 02840	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Manager Name Alison Voreika		Manager Name Anne M Livingston			
Street Address 212 Bellevue Avenue		Street Address 100 Racquet Rd			
City Newport	State RI	Zip 02840	City Jamestown	State RI	Zip 02835
Manager Name Dominique Alfandre		Manager Name Liz Drayton			
Street Address 3 Charles Street		Street Address 1116 Wapping Road			
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

SEP 13 2013

By [Signature]  
CA #1385

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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.

Anne M Livingston, Treas. 9/11/13  
 Signature of Authorized Person Date

Anne M Livingston, Treasurer  
 Print or Type Name of Authorized Person