



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2015

**1. ID No.** 000784812

**2. Exact Name of the Limited Liability Company** Tape Art, Limited Liability Company

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Public Art and Art Education. Tape Art provides art education workshops for K-12 schools, universities, community organizations and private companies. Creation of public murals and installations for schools, businesses and other organizations.

**5. Principal Office Address**

No. and Street: 532 KINSLEY AVENUE  
UNIT 117

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MICHAEL TOWNSEND Contact Title: OWNER

No. and Street: 532 KINSLEY AVENUE  
UNIT 117

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: US

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-------|------------------------------------------------|------------------------------------------------------------|
|-------|------------------------------------------------|------------------------------------------------------------|

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MICHAEL JOSEPH TOWNSEND 532 KINSLEY AVENUE, UNIT 117 PROVIDENCE , RI 02909

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

**Signed this 26 Day of May, 2016 at 12:29:58 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL J. TOWNSEND  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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