



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 159303		2. Exact name of the Corporation Alliance Artist Management, Inc.		
3. Principal Office Address 5030 BROADWAY, SUITE 812		City NEW YORK	State NY	Zip 10034
4. NAICS Code 56 - Administrative and Support	6. Brief description of the character of business conducted in Rhode Island THE BUSINESS PROVIDES MANAGEMENT AND CONSULTING SERVICES FOR ARTISTS.			
5. State of Incorporation RHODE ISLAND				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name ROBERT ROBBINS		Vice-President Name		
Street Address 579 WEST 215TH STREET, #2B		Street Address		
City NEW YORK	State NY	Zip 10034	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		
		CLASS/SERIES		PAR VALUE
		1000	CWP	\$0.0100
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative ROBERT ROBBINS			Date 8/22/2017	
Signature of Authorized Representative (Rob Robbins)				

AUG 25 2017

FILED

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