



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 001336275		2. Exact name of the Limited Liability Company LEVEL EXCHANGE, LLC			
3. NAICS Code 711310		4. Brief description of the character of business conducted in Rhode Island COMMUNITY OF LOCAL BANDS, BRANDS AND FANS, EVENT PLANNING, CURATION, MARKETING, PLANNING, MANAGEMENT SERVICES, CONSULTING, BUSINESS ACUMENT AND OVERALL ORGANIZATION, AUDIO AND VIDEO RECORDING.			
5. State of Formation RI					
6. Principal Office Address 10 DAVOL SQUARE			City PROVIDENCE	State RI	Zip 02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name LINDSEY LERNER			Contact Title MEMBER		
Street Address 102 CAMP STREET, #2			City PROVIDENCE	State RI	Zip 02906
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 LINDSEY LERNER				Date 9/1/18	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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