RI SOS Filing Number: 201880874600 Date: 11/5/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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Annual Report for the year: 2018 Limited Liability Company

2018 NOV -5 PM 1: 45

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→ 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	Entity ID Number 2. Exact name of the Limited Liability Company					
001677675	NPAC	NPAC Managing Member, LLC				
3. NAICS Code	4. Brief desc	Brief description of the character of business conducted in Rhode Island				
711310	Performing	Performing Arts Center				
5. State of Formation RI	T trioining					
6. Principal Office Address			City	State	Zip	
11 Touro Street (P.O. Box 234)			Newport	RI	02840	
7. Mailing Address of Limite	d Liability Compan	y and Name or Ti				
Contact Name Anne M. Livingston, Esq.			Contact Title Board Member			
Street Address P.O. Box 234			City Newport	State RI	<sup>Z<sub>i</sub>p</sup> <b>02840</b>	
		of the Limited Lia	bility Company, IF APPLICAL	BLE - DO NOT LIST I	MEMBERS	
Manager Name Alison Vareika			Manager Name Anne M. Livingston, Esq.			
Street Address 212 Bellevue Avenue			Street Address 100 Racquet Road			
City Newport	State RI	Zip 02840	City Jamestown	State RI	<sup>Zip</sup> 02835	
Manager Name Dominique Alfandre			Manager Name Elizabeth Drayton			
Street Address 20 Warner Street			Street Address 1116 Wapping Road			
City Newport	State RI	<sup>Zip</sup> 02840	City Middletown	State RI	Zip <b>02842</b>	
		<b>1</b>		Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode	Island. This informa	ation is currently of re	ecord with the Department of Sta	ate. Changes require filir	ig Form 642.	
Under penalty of perjury, statements, and that all st			mined this report, including and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date	, , , ,	
Andrea Rounds, Executive	e Director			101	30/18	
Signature of Authorized Per	son		OCUMENT HERE			
and the	7/3	She with	OCUMENT 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 **FILED** 

NOV 05 2018

FORM 632 - Revised: 10/2017