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

→ 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	2. Exact name of the Limited Liability Company
000124218	**NPAC, LLC**
3. NAICS Code: **110253**	4. Brief description of the character of business conducted in Rhode Island: **Performing Arts Center**
5. State of Formation: **Rhode Island**	

6. Principal Office Address	City	State	Zip
11 Touro Street (P.O. Box 234)	**Newport**	**RI**	**02840**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Anne M. Livingston, Esq..	~~Treasurer~~ Board Member		
Street Address: **P.O. Box 234**	City: **Newport**	State: **RI**	Zip: **02840**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Street Address	City	State	Zip
Alison Vareika	**212 Bellevue Avenue**	**Newport**	**RI**	**02840**
Anne M. Livingston	**100 Racquet Road**	**Jamestown**	**RI**	**02835**
Dominique Alfandre	**20 Warner Street**	**Newport**	**RI**	**02840**
Elizabeth Drayton	**1116 Wapping Road**	**Middletown**	**RI**	**02842**

Check the box to indicate an attachment ☐

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	Date
ANDREA ROUNDS, EXECUTIVE DIRECTOR	10/16/18

Signature of Authorized Person: SIGN DOCUMENT HERE

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 10/2017