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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.

T	T			_	
1. Entity ID Number 2. Exact name of the Limited Liability Company					
000124218 NPAC, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
110253	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 Anne M. Livingston, Esq			Contact Title Frequence 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 Alison Vareika			Manager Name Anne M. Livingston		
Street Address 212 Bellevue Avenue			Street Address 100 Racquet Road		
City Newport	State RI	^{Zip} 02840	City Jamestown	State RI	^{Zip} 02835
Manager Name Dominique Alfandre			Manager Name Elizabeth Drayton		
Street Address 20 Warner Street			Street Address 1116 Wapping Road		
City Newport	State RI	Zip 02840	City Middletown	StateRI	^{Zip} 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					

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

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FORM 632 - Revised: 10/2017