



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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2018 DEC 18 AM 9:30

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<br><b>793704</b>                                                                                                                                                                 |       | 2. Exact name of the Limited Liability Company<br><b>Providence Artistry, LLC</b>                              |                                |                        |                     |
| 3. NAICS Code<br><b>711310</b>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Live Music Venue and Bar</b> |                                |                        |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                   |       |                                                                                                                |                                |                        |                     |
| 6. Principal Office Address<br><b>101 Richmond Street, 2nd Floor</b>                                                                                                                                 |       | City<br><b>Providence</b>                                                                                      |                                | State<br><b>RI</b>     | Zip<br><b>02903</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                                |                                |                        |                     |
| Contact Name<br><b>Nicholas Cardì III</b>                                                                                                                                                            |       |                                                                                                                | Contact Title<br><b>Member</b> |                        |                     |
| Street Address<br><b>101 Richmond Street, 2nd Floor</b>                                                                                                                                              |       |                                                                                                                | City<br><b>Providence</b>      |                        | State<br><b>RI</b>  |
|                                                                                                                                                                                                      |       |                                                                                                                | Zip<br><b>02903</b>            |                        |                     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                                |                                |                        |                     |
| Manager Name                                                                                                                                                                                         |       |                                                                                                                | Manager Name                   |                        |                     |
| Street Address                                                                                                                                                                                       |       |                                                                                                                | Street Address                 |                        |                     |
| City                                                                                                                                                                                                 | State | Zip                                                                                                            | City                           | State                  | Zip                 |
| Manager Name                                                                                                                                                                                         |       |                                                                                                                | Manager Name                   |                        |                     |
| 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<br><i>Nicholas Cardì III</i>                                                                                                                                               |       |                                                                                                                |                                | Date<br><i>11/8/18</i> |                     |
| Signature of Authorized Person<br><i>[Signature]</i>                                                                                                                                                 |       |                                                                                                                |                                |                        |                     |

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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BY *51355*