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State of Rhode Island and Providence Plantations

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

SECRETARY OF STATE CORPORATIONS DIV

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.

Entity ID Number	2. Exact name of the Limited Liability Company				
1659923	The Starving Artist, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
451120	Online books and viviyl record sales.				
5. State of Formation	]				
RI					
6. Principal Office Address			City	State	Zıp
57 Stevn Street			Jamest	oun RI	02835
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name John Manni			Contact Title  Waya gev		
Street Address 57 Stevn Street			city Jamest	own State	Zip 02835
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name John Manni			Manager Name		
Street Address 57 Stevn Street			Street Address		
City James tour	State	Zip (32835	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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  Joka Many,  12/28/18					
Signature of Authorized Person					
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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 o-c 2 1 2018

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