

2018 DEC 31 AM 11:49

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.

			u <del>n v. u. u. u</del>	· · · · · · · · · · · · · · · · · · ·	
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		James-	town RI	02835	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name John Manni		Contact Title			
Street Address 57 Stevn Street		City James	State RI	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	Manager Name		
Street Address 51 54	Tern Street	Street Address	Street Address		
City James town	State Zip OZS	City	State	Zip	
Manager Name		Manager Name	Manager Name		
Street Address		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 ded statements, and that all staten			iding any accompanying	g schedules and	
Name of Authorized Person  Joky Many,  Date  12   28   18					
Signature of Authorized Person					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

DEC 3 1 2018 YOBZQ