



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1, WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>000950796</u>		2. Exact name of the limited liability company <u>All or Nuthin Ent. LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>music - performances, recording music, 711130</u> <u>video shoots, photoshoots</u>			
5. Principal office address <u>105 Langdon St apt. 3</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Derek Smith</u>		Contact Title <u>owner</u>			
Street Address <u>781 20th ave</u>		City <u>San Francisco</u>	State <u>CA</u>	Zip <u>94121</u>	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ( "X" BOX FOR ATTACHMENT ) <input type="checkbox"/>					
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
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

MAR 25 2019

BY MA804  
A.A. 11:29 A.M.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2019 MAR 25 AM 11:26

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Date

Derek Smith  
Print or Type Name of Authorized Person