



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. 000950796		2. Exact name of the limited liability company All or Nuthin ENT. LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island music-performances, recording music, 711130 video shoots, photoshoots			
5. Principal office address 105 Langdon St apt. 3		City Providence	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Derek Smith			Contact Title owner		
Street Address 791 20th ave		City San Francisco	State CA	Zip 94121	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("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.					

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

FILED

MAR 25 2019

BY: MASU4
 H.A. 11:29 A.M.

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]

Signature of Authorized Person _____ Date _____

Derek Smith
 Print or Type Name of Authorized Person

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