

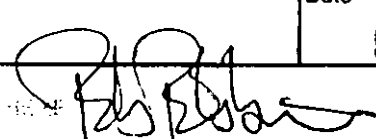


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

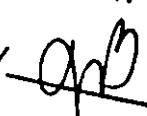
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 JUN 14 AM 11:15

1. Entity ID Number 000159303		2. Exact name of the Corporation Alliance Artist Management, Inc.			
3. Principal Office Address 5030 BROADWAY, SUITE 812		City NEW YORK		State NY	Zip 10034
4. NAICS Code 561990		6. Brief description of the character of business conducted in Rhode Island ENTERTAINMENT REPRESENTATION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT ROBBINS			Vice-President Name		
Street Address 579 WEST 215TH STREET, 2B			Street Address		
City NEW YORK	State NY	Zip 10034	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 1,000	CLASS/SERIES CWP	PAR VALUE 0.01	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative ROBERT ROBBINS					Date 6/11/2019
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUN 14 2019

BY  gwg WS