	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
Providence RI 02904-2615			
HOPE	(401) 222-30	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>001700596</u>			
2. Exact Name of the Limited Liability Company The Arctic Gallery LLC			
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>711410</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	d in Rhode Island
MANAGER OF ARTIST WORK. RETAIL ART STORE.			
5. Principal Office Addre	SS		
	ASHINGTON STREET T WARWICK St	tate: <u>RI</u> Zip: <u>02893</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact Pe	rson:
Contact Name: NIKOLA	S ZAROKOSTAS Contact Title:		
No. and Street: 23 WA	ASHINGTON STREET		
City or Town: WES	<u>r WARWICK</u> Sta	ate: <u>RI</u> Zip: <u>02893</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addro	ess
	First, Middle, Last, Suffix	Address, City or Town, St	ate, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NIKOLAS ZAROKOSTAS 1227 MAIN STREET WEST WARWICK , RI 02893

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of October, 2020 at 4:17:53 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>NIKOLAS ZAROKOSTAS</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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