



State of Rhode Island  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 OCT 15 P 2:05

Annual Report for the year: 2020  
**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.

|   |       |  |                               |                         |                     |
|---|-------|--|-------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>1095514</b>   |       | 2. Exact name of the Limited Liability Company<br><b>With a Twist Bartending School LLC</b>  |                               |                         |                     |
| 3. NAICS Code<br><b>611519</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>A twelve hour bartending instructional course.</b> |                               |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |  |                               |                         |                     |
| 6. Principal Office Address<br><b>PO Box 16273</b>  |       |  | City<br><b>Rumford</b>        | State<br><b>RI</b>      | Zip<br><b>02916</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                               |                         |                     |
| Contact Name<br><b>Raymond Larkin</b>   |       |  | Contact Title<br><b>Owner</b> |                         |                     |
| Street Address<br><b>PO Box 16273</b>   |       |  | City<br><b>Rumford</b>        | State<br><b>RI</b>      | Zip<br><b>02916</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                               |                         |                     |
| 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                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |                               |                         |                     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |  |                               |                         |                     |
| <b>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.</b> |       |  |                               |                         |                     |
| Name of Authorized Person<br><b>Raymond Larkin</b>  |       |  |                               | Date<br><b>10/15/20</b> |                     |
| Signature of Authorized Person<br><b>Ray Larkin</b>   |       |  |                               |                         |                     |

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

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**OCT 15 2020**

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