RI SOS Filing Number: 202066348070 Date: 10/15/2020 4:00:00 PM

| | State of Rhode Island |
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| | State of Rhode Island Department of \$ |

Department of State - Business Services Division

OCT 1 5 2020 STAMP

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 000124218 | 2. Exact name of the Limited Liability Company NPAC, LLC | | | | | | |
|--|--|---|---|---------------------------|------------------------|--|--|
| 3. NAICS Code 711310 | | Brief description of the character of business conducted in Rhode Island Performing Arts Center | | | | | |
| 5. State of Formation RI | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 11 Touro Street | | | Newport | RI | 02840 | | |
| 7. Mailing Address of Limited | Liability Compa | any and Name o | r Title of Contact Person | | | | |
| Contact Name John Cratin | | | Contact Title Board Chai | Contact Title Board Chair | | | |
| Street Address P.O. Box 234 | | | City Newport | State RI | Z _{IP} 02840 | | |
| 8, List ALL managers (names | and addresses | s) of the Limited | Liability Company, IF APPLIC | ABLE - DO NOT LIST | MEMBERS | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zıp | City | State | Zıp | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | | <u>_</u> | Check the box to i | indicate an attachment | | |
| 9. The Resident Agent informa | ation currently o | of record with the | e RI Department of State is acc | curate. Changes requir | e filing Form 642. | | |
| Under penalty of perjury, I d statements, and that all stat | | | examined this report, includ true and correct. | ing any accompanyin | g schedules and | | |
| Name of Authorized Person | | | | Date | Date | | |
| Ila codin | | | | 10-9-20 | | | |
| Signature of Authorized Perso | |) | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov