

## OCT 15 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.

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Entity ID Number	2. Exact name of the Limited Liability Company					
000124218	NPAC, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
711310	Performing Arts Center					
5. State of Formation						
RI						
6. Principal Office Address	Office Address			State	Zip	
11 Touro Street			Newport	RI	02840	
7. Mailing Address of Limited Lia	bility Compa	ny and Name or				
Contact Name John Cratin			Contact Title Board Chair			
Street Address P.O. Box 234	<sup>S</sup> P.O. Box 234			State RI	Z <sub>IP</sub> 02840	
8, List ALL managers (names a	nd addresses	s) of the Limited L	iability Company, IF APPLIC	ABLE - DO NOT LIST N	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		1		Check the box to in	ndicate an attachment	
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
Under penalty of perjury, I dec statements, and that all staten				ing any accompanying	schedules and	
Name of Authorized Person			Date	-		
Ila codin			10-9	10-9-20		
Signature of Authorized Person	4.4	) )				

MAIL TO:

**Division of Business Services** 

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

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