



State of Rhode Island

## Department of State - Business Services Division

**FILED**

NOV-02 2020 P

BY

1293  
[Signature]

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>1666354                                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br>Marcotte Music LLC.                                                                   |                |                    |              |
| 3. NAICS Code<br>611610                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>Provides live music for private events; music instructor |                |                    |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |       |                                                                                                                                         |                |                    |              |
| 6. Principal Office Address<br>1209 Old Baptist Road                                                                                                                                                        |       | City<br>North Kingstown                                                                                                                 |                | State<br>RI        | Zip<br>02852 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                         |                |                    |              |
| Contact Name Gregory Marcotte                                                                                                                                                                               |       |                                                                                                                                         | Contact Title  |                    |              |
| Street Address 1209 Old Baptist Road                                                                                                                                                                        |       | City North Kingstown                                                                                                                    |                | State RI           | Zip 02852    |
| 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                                                                          |       |                                                                                                                                         |                |                    |              |
| <i>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.</i> |       |                                                                                                                                         |                |                    |              |
| Name of Authorized Person<br>Gregory Marcotte                                                                                                                                                               |       |                                                                                                                                         |                | Date<br>10/21/2020 |              |
| Signature of Authorized Person<br>[Signature]                                                                                                                                                               |       |                                                                                                                                         |                |                    |              |

## MAIL TO:

Division of Business Services

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