



State of Rhode Island  
Department of State - Business Services Division

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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|  |                    |   |      |                         |                     |
|--|--------------------|---|------|-------------------------|---------------------|
| 1. Entity ID Number<br><u>1684688</u>  |                    | 2. Exact name of the Limited Liability Company<br><u>VYVIFE ENTERTAINMENT LLC.</u>  |      |                         |                     |
| 3. NAICS Code<br><u>711310</u>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>ENTERTAINMENT, PLANNING, AND EVENTS</u> |      |                         |                     |
| 5. State of Formation<br><u>RI</u>   |                    |   |      |                         |                     |
| 6. Principal Office Address<br><u>87 KING ST</u>   |                    | City<br><u>PROVIDENCE</u>   |      | State<br><u>RI</u>      | Zip<br><u>02909</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |                    |   |      |                         |                     |
| Contact Name<br><u>WESMAN JOHNSON</u>  |                    | Contact Title<br><u>OWNER</u>   |      |                         |                     |
| Street Address<br><u>847 CHARLES ST</u>  |                    | City<br><u>N. PROVIDENCE</u>  |      | State<br><u>RI</u>      | Zip<br><u>02904</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS   |                    |   |      |                         |                     |
| Manager Name<br><u>NYATEN GAYE</u>   |                    | Manager Name  |      |                         |                     |
| Street Address<br><u>300 SMITHFIELD RD</u>   |                    | Street Address  |      |                         |                     |
| City<br><u>N. PROVIDENCE</u>   | State<br><u>RI</u> | Zip<br><u>02904</u>   | 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.  |                    |   |      |                         |                     |
| 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. |                    |   |      |                         |                     |
| Name of Authorized Person<br><u>WESMAN JOHNSON</u>   |                    |   |      | Date<br><u>12/22/20</u> |                     |
| Signature of Authorized Person<br><u>[Signature]</u>   |                    |   |      |                         |                     |

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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