



State of Rhode Island

Department of State - Business Services Division

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2020 DEC 24 P 1:42

 Annual Report for the year: 2019
 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 <u>7684688</u> | | 2. Exact name of the Limited Liability Company <u>VULYFE ENTERTAINMENT LLC</u> | | | |
| 3. NAICS Code <u>711310</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>ENTERTAINMENT, PLANNING, AND EVENTS</u> | | | |
| 5. State of Formation <u>RI</u> | | | | | |
| 6. Principal Office Address <u>87 Pine St</u> | | City <u>PROVIDENCE</u> | | State <u>RI</u> | Zip <u>02909</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name <u>WESMAN JOHNSON</u> | | Contact Title <u>OWNER</u> | | | |
| Street Address <u>847 CHARLES ST</u> | | City <u>N. PROVIDENCE</u> | | State <u>RI</u> | Zip <u>02904</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name <u>NYATEN GAYE</u> | | Manager Name | | | |
| Street Address <u>300 SMITHFIELD RD</u> | | Street Address | | | |
| City <u>N. PROVIDENCE</u> | State <u>RI</u> | Zip <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 <u>WESMAN JOHNSON</u> | | | | Date <u>12/22/20</u> | |
| Signature of Authorized Person <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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