



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. ID No. 001697905

2. Exact Name of the Limited Liability Company Pour it On! LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

454111

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

I HAVE NOT OFFICIALLY LAUNCHED THIS BUSINESS YET. I WAS SET TO IN 2020, THEN COVID HIT. THE BUSINESS IS/WILL BE ART BASED IN THE FACT I WILL BE SELLING (HOPEFULLY) ONE OF A KIND PAINTINGS BOTH ONLINE, AND THROUGH ART FAIRS. ALSO, WILL BE OFFERING CORPORATE TEAM BUILDING SESSIONS FOR PAINTING ONCE WE ARE BACK TO SOME SEMBLANCE OF NORMALITY, AMONG OTHER ART-BASED OFFERINGS. I HAVE NOT BEEN ABLE TO LAUNCH, AND HAVE MADE NO MONEY FOR THE BUSINESS AS YET. BEING NEW TO THIS, I WAS NOT AWARE I HAD TO FILE THIS AT THE END OF 2020, AND THOUGHT IT WAS TAX INFORMATION.

5. Principal Office Address

No. and Street: 160 COTTAGE ST
APT 5

City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: CARL VIENS Contact Title:
No. and Street: 160 COTTAGE ST
APT 5
City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CARL EDWARD VIENS 160 COTTAGE ST., APT. 5 PAWTUCKET , RI 02860

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of March, 2021 at 11:25:48 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CARL VIENS
Signature of Authorized Person

Form No. 632
Revised 09/07

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