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State of Rhode Island

## **Department of State - Business Services Division**

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→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

2021 HAR 19 P 2: 34

1. Entity ID Number	2 Evant nam	ne of the Limited L	iability Company		··· <u>·</u>			
001696909	2. Exact name of the Limited Liability Company							
001030303	MUSIC MANIA; LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
813410	SALE OF MISC PRODUCT							
5. State of Formation								
RI								
6. Principal Office Address			City	State	Zip			
1023 BROAD ST			PROVIDENCE	RI	02905			
7. Mailing Address of Limited Lia		y and Name or Tit						
Contact Name EULALIO EGUREN			Contact Title OWNER					
Street Address 1023 BROAD ST			City PROVIDENCE	State RI	<sup>Zip</sup> 02905			
8. List ALL managers (names a		of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS			
Manager Name EULALIO EGUREN			Manager Name					
Street Address 1023 BROAD ST			Street Address					
City PROVIDENCE	State RI	<sup>Zip</sup> 02905	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
	J.			Check the box to	indicate an attachment			
9. The Resident Agent information	on currently of	record with the R	I Department of State is accura	ate. Changes requi	re filing Form 642.			
Under penalty of perjury, I dec statements, and that all stater				any accompanyir	ng schedules and			
Name of Authorized Person			Date					
EULALIO EGUREN	2							
Signature of Authorized Person			<b>IIIED</b>					
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**Division of Business Services** 

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

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

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FORM 632 - Revised: 08/2020