**No Fee**

# State of Rhode Island
## Office of the Secretary of State

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

## Domestic Limited Liability Company
## Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 000540931

**2. Exact Name of the Limited Liability Company** LOTUS LAND BAND 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.

711510

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

PROFESSIONAL BAND PERFORMING MUSIC

**5. Principal Office Address**

No. and Street: 1046 OCEAN ROAD
City or Town: NARRAGANSETT State: RI Zip: 02882 Country: USA

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

Contact Name: ROBERT CHARTRAND Contact Title: PRESIDENT
No. and Street: 1046 OCEAN ROAD
City or Town: NARRAGANSETT State: RI Zip: 02882 Country: USA

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

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ROBERT R CHARTRAND JR 10 GRANDEVILLE COURT APT 913 WAKEFIELD , RI 02879

**Signed this 6 Day of July, 2021 at 3:38:54 PM 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 ROBERT R CHARTRAND JR
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island
**Department of State | Office of the Secretary of State**
**Nellie M. Gorbea,** *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 06, 2021 03:38 PM

Nellie M. Gorbea
*Secretary of State*