



**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:** 2021

**1. ID No.** 001707715

**2. Exact Name of the Limited Liability Company** The Midnight Revenants 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.

561990

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

THE MIDNIGHT REVENANTS LLC, SEEKS TO ENGAGE IN THE ACTIVITY OF CONVENTION & TRADE SHOW ORGANIZING, AND THE SALE AND TRANSFER OF MERCHANDISE, AND ALL OTHER LEGAL ACTS PERMITTED BY LIMITED LIABILITY COMPANIES IN THE STATE OF RHODE ISLAND

**5. Principal Office Address**

No. and Street: 733 3RD AVE.  
City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

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

Contact Name: JESUS PABON Contact Title: ADMIN/BUDGET MANAGER  
No. and Street: 4215 CHESAPEAKE AVE  
City or Town: CHESAPEAKE BEACH State: MD Zip: 20732 Country: USA

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

| Title | Individual Name             | Address                                         |
|-------|-----------------------------|-------------------------------------------------|
|       | First, Middle, Last, Suffix | 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**

UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200  
WARWICK , RI 02888

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

**Signed this 14 Day of August, 2021 at 9:53:29 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 JESUS PABON  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2021 State of Rhode Island  
All Rights Reserved