



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. 000148769

2. Exact Name of the Limited Liability Company YOUR ONLY FRIEND MUSIC 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

THIS WAS INTENDED TO BE A COMPANY FOR A MUSIC BAND, AND FOR PUBLISHING ITS MUSIC THROUGH BMI MUSIC PUBLISHING. THE COMPANY DOES NOT ACTUALLY DO ANYTHING (IT WAS JUST REQUIRED TO HAVE AN LLC TO CREATE AN ACCOUNT AT BMI), AND THE BAND NO LONGER EXISTS EITHER. THE COMPANY NEVER RECEIVED ANY MONEY, AND I NEED TO LOOK INTO HOW TO DISSOLVE IT AT SOME POINT.

5. Principal Office Address

No. and Street: 117 BUDLONG AVENUE

City or Town: WARWICK

State: RI

Zip: 02888

Country: USA

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

Contact Name: JEFF CARROLL Contact Title:

No. and Street: 117 BUDLONG AVENUE

City or Town: WARWICK

State: RI

Zip: 02888

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
-------	--	--

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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 18 Day of September, 2021 at 10:55:02 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 JEFFREY CARROLL  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2021 State of Rhode Island  
All Rights Reserved