



**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. 001688149

2. Exact Name of the Limited Liability Company TreeCave Creative, 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.

212240

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

TREECAVE CREATIVE LLC PROVIDES SERVICES, SUCH AS BUT NOT LIMITED TO,
SOUND
RECORDINGS,
CONSULTING AND COACHING (RELATED TO THE BUSINESS OF AND PRODUCTION OF
SOUND
RECORDING), AND
PERFORMANCE.

5. Principal Office Address

No. and Street: 10 NEWMAN AVENUE
SUITE 16071

City or Town: RUMFORD

State: RI

Zip: 02916

Country: USA

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

Contact Name: ELISE ARSENAULT Contact Title: MEMBER

No. and Street: 10 NEWMAN AVE
SUITE 16071

City or Town: RUMFORD

State: RI

Zip: 02916

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
MANAGER	ELISE ARSENAULT	168 THATCHER STREET RUMFORD, RI 02916 USA
MANAGER	JUSTIN MARRA	168 THATCHER STREET RUMFORD, RI 02916 USA

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

ELISE M. ARSENAULT 10 NEWMAN AVENUE SUITE 16071 RUMFORD , RI 02916

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 October, 2021 at 9:34:44 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 JUSTIN L MARRA
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved