RI SOS Filing Number: 202104825570 Date: 11/4/2021 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division	F
Annual Report for the year:  Limited Liability Company  → Filing period: September 1 - November 1  → Filing Fee: \$50.00  → Penalty. Additional \$25.00 fee if form is not filed by December 1.	NOV 04 2021 BY 3474

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Entity ID Number	2. Exact name of the Limited Liability Company  NPAC Subsidiary, LLC						
001677674							
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
711310	live Performing Arts Theater						
5. State of Formation	]						
RI							
6. Principal Office Address			City	State	Zip		
11 Touro Street	reet			RI	02840		
7. Mailing Address of Limited Lia	bility Company a	nd Name or Title	of Contact Person	· · · · · · · · · · · · · · · · · · ·			
Contact Name Anne M. Livingston, Esq.			Contact Title				
PO Box 234			City Newport	Stale RI	<sup>Zip</sup> 02840		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager N			Manager Nam				
Street Addreeet		Street Addre					
( ,,_,,	State	7.=	Cit .	S*	- ,		
Manager Nam		·	Manager N				
Street Address							
Cit	1	Zin	City .	- II	Tzin		
		<u> </u>	•• <del></del>	Check the box to it	ndicate an attachme		
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.							
Under penalty of perjury, I dec statements, and that all staten	lare and affirm ( nents contained	that I have exam heroin are true	ined this report, including and correct.	any accompanying	g schedules and		
Name of Authorized Person				Date	Date		
Melissa Quinn, Office Manager			11/4/20	11/4/2021			
Signature of Authorized Person M. Q.,							

MAIL TO:

Division of Business Services

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

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