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## Annual Report for the year: 2021 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.

Entity ID Number 2. Exact name of the Limited Liability Company						
001677674	2. Exact name of the Limited Liability Company  NPAC Subsidiary, LLC					
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	Ζ <sup>i</sup> ρ	
11 Touro Street			Newport	RI	02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Anne M. Livingston, Esq.			Contact Title			
Street Address PO Box 234			City Newport	State 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			
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Manager Narr	/' 		Manager N			
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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 declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained heroin are true and correct.						
Name of Authorized Person				Date		
Melissa Quinn, Office Manager				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