



State of Rhode Island

## Department of State - Business Services Division

STAMP

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.

|                                                                                                                                                                                                      |             |                                                                                                                                             |                          |                    |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|--------------|
| 1. Entity ID Number<br><b>00166181</b>                                                                                                                                                               |             | 2. Exact name of the Limited Liability Company<br><b>WICKED VYBZ, LLC</b>                                                                   |                          |                    |              |
| 3. NAICS Code<br>711300                                                                                                                                                                              |             | 4. Brief description of the character of business conducted in Rhode Island<br>MUSIC PRODUCER, PROMOTER, DISTRIBUTER AS WELL AS DJ SERVICES |                          |                    |              |
| 5. State of Formation<br>RI                                                                                                                                                                          |             |                                                                                                                                             |                          |                    |              |
| 6. Principal Office Address<br>315 STATE AVENUE                                                                                                                                                      |             |                                                                                                                                             | City<br>TIVERTON         | State<br>RI        | Zip<br>02878 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |             |                                                                                                                                             |                          |                    |              |
| Contact Name<br>DENNIS BIELLO                                                                                                                                                                        |             |                                                                                                                                             | Contact Title<br>MANAGER |                    |              |
| Street Address<br>315 STATE AVENUE                                                                                                                                                                   |             |                                                                                                                                             | City<br>TIVERTON         | State<br>RI        | Zip<br>02878 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |             |                                                                                                                                             |                          |                    |              |
| Manager Name<br>DENNIS BIELLO                                                                                                                                                                        |             |                                                                                                                                             | Manager Name             |                    |              |
| Street Address<br>315 STATE AVENUE                                                                                                                                                                   |             |                                                                                                                                             | Street Address           |                    |              |
| City<br>TIVERTON                                                                                                                                                                                     | State<br>RI | Zip<br>02878                                                                                                                                | City                     | State              | Zip          |
| Manager Name                                                                                                                                                                                         |             |                                                                                                                                             | Manager Name             |                    |              |
| Street Address                                                                                                                                                                                       |             |                                                                                                                                             | Street Address           |                    |              |
| City                                                                                                                                                                                                 | State       | Zip                                                                                                                                         | City                     | State              | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |             |                                                                                                                                             |                          |                    |              |
| 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 herein are true and correct. |             |                                                                                                                                             |                          |                    |              |
| Name of Authorized Person<br>DENNIS BIELLO                                                                                                                                                           |             |                                                                                                                                             |                          | Date<br>10/26/2021 |              |
| Signature of Authorized Person<br>                                                                                                                                                                   |             |                                                                                                                                             |                          |                    |              |

## MAIL TO:

## Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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10/17/2021