	State of Rhode Office of the Secreta		Fee: \$50.00	
	Division Of Business 148 W. River S	treet		
HOPE	Providence RI 029 (401) 222-30			
Limited Liability Com Annual Report Filing Period: September 1				
In accordance with R.I.G.L.	7-16-66(d), each limited liability com n thirty (30) days after the time presc			
ANNUAL REPORT YEAR:	<u>2021</u>			
1. ID No. <u>000101777</u>	1			
2. Exact Name of the Lin ARCHITECTURE LLC	nited Liability Company <u>THE AI</u>	LIANCE FOR ART A	ND	
3. State of Formation				
State: <u>RI</u>				
	ARTICLE III			
0	Code that best describes the primary e information on <u>NAICS</u> can be found		he entity. Download	
<u>712120</u>				
4. Brief Description of th	e Character of the Business Whicl	is Actually Conducted	in Rhode Island	
ART AND ARCHITECT	<u>URE-HISTORIC RESIDENCE</u>			
5. Principal Office Addre	SS			
	<u>BELLEVUE AVENUE</u> NON COURT			
City or Town: <u>NEW</u>	<u>PORT</u> Sta	te: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>	
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Pe	rson:	
Contact Name: Contact				
	<u>ELLEVUE AVENUE</u> ION COURT			
		te: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Addro	ess	
	First, Middle, Last, Suffix	Address, City or Town, St	ate, Zip Code, Country	

MANAGER	
---------	--

ANDREW GOFFMAN

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

BRIAN G. BARDORF, ESQ. 36 WASHINGTON SQUARE NEWPORT, RI 02840

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

Signed this 30 Day of November, 2021 at 10:31:29 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 JUDITH GOFFMAN

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2021 State of Rhode Island All Rights Reserved