

Annual Report for the year: 2022 Limited Liability Company

2022 DEC 27 ₱ 2:53

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| 1. Entity ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 Exact name of the Limited L                                            | ability Community |          |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------|----------|--------|
| 001686815                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2. Exact name of the Limited Liability Company                           |                   |          |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Just Listen aC                                                           |                   |          |        |
| 3. NAICS Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Brief description of the character of business conducted in Rhode Island |                   |          |        |
| 711.570                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | My sic and Entertainment                                                 |                   |          |        |
| 5. State of Formation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                   |          |        |
| RI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                   |          | İ      |
| 6. Principal Office Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          | City              | State    | Zip    |
| 97 Potter the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          | Providue          | RI       | 02955  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                   |          |        |
| Contact Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          | Contact Title     |          |        |
| Michel Massen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          | TO MUSE TIME      |          | !      |
| street Address 97 Potters Are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          | city Providue     | State    | 29290C |
| 6. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                   |          |        |
| Onder penarty of perjury, I declare and affirm that I have examined this seport, including any accompanies and affirm that I have examined this seport, including any accompanies and affirm that I have examined this seport, including any accompanies and affirm that I have examined this seport, including any accompanies and affirm that I have examined this seport, including any accompanies and affirm that I have examined this seport, including any accompanies and affirm that I have examined this seport, including any accompanies and affirm that I have examined this seport. |                                                                          |                   |          |        |
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| Name of Authorized Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                   | Date     |        |
| Mucul Massar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                   | 12/27/22 |        |
| Signature of Authorized Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                   |          |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                   |          |        |
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**FILED** 

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MAIL TO:

Division of Business Services

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

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