Office of the Secretary of State	
	\$50.00
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615	
(401) 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2023	
1. ID No. <u>000150209</u>	
2. Exact Name of the Limited Liability Company Gallery on Main, LLC	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>711510</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
ART STUDIO AND GALLERY	
ART STUDIO AND GALLERY 5. Principal Office Address	
5. Principal Office Address	
5. Principal Office Address No. and Street: 424 MAIN STREET	<u>.</u>
5. Principal Office Address No. and Street: 424 MAIN STREET City or Town: WARREN State: RI Zip: 02885 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: JAMES BUSH Contact Title: OWNER	<u>.</u>
5. Principal Office Address No. and Street: 424 MAIN STREET City or Town: WARREN State: RI Zip: 02885 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: JAMES BUSH Contact Title: OWNER No. and Street: 59 IRVING AVENUE	
5. Principal Office Address No. and Street: 424 MAIN STREET City or Town: WARREN State: RI Zip: 02885 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: JAMES BUSH Contact Title: OWNER	
5. Principal Office Address No. and Street: 424 MAIN STREET City or Town: WARREN State: RI Zip: 02885 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: JAMES BUSH Contact Title: OWNER No. and Street: 59 IRVING AVENUE	

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

Signed this 6 Day of February, 2023 at 4:58:22 PM 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 JAMES BUSH

Signature of Authorized Person

Form No. 632 Revised 09/07

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