	RI SOS Filing Number: 20 State of Rhode Island Department of State - Busin
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ness Services Division

2022 Annual Report for the year: **Limited Liability Company**

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

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



4 C-40 ID M - 5	0 =					
1. Entity ID Number	2. Exact name of the Lim					
17/5954	Rock Hi	EARCTS, LLC	•	•		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
711 130	5 piece bluegrass band Partnerminky PRIVATE ENLARGMENTS, CONGRETS + FESTIVELS.					
5. State of Formation RHODE IS 2NU	ENLAGOMENTS, CONGRETS + FESTIVELS.					
6. Principal Office Address	-	City	State	Zip		
511 CARULINA BACK ROAD		CHARLESTOWN	RI	02813		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Mexander R. M	ACLEDD IV	Contact Title PART O	Contact Title PART OWNER			
Street Address 511 CANOUNA BI	~ .	City CHARLESTOWN	State A.I.	Zip 02813		
8. 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 ALXZNDER R. MACLEDDIV			Date 1.30.2023			
Signature of Authorized Person Macley Je						

MAIL TO:

Division of Business Services

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

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