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## State of Rhode Island

## **Department of State - Business Services Division**

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001697622	Public, LLC				
3. NAICS Code 453.42 u  5. State of Formation	4. Brief description of the character of business conducted in Rhode Island  Public 15 an art gallery and community space  Supportly act & creativity				
6. Principal Office Address の Mといらかの られ	· AP+ 2	City	State RI	Zip 02909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Casandra Inez		Contact Title (0 - dwn			
Street Address 9 Me iss a st. Att. 2		City prividence	State RI	2ip 12999	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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			Date		
Abdul Adlo			10/2	10/25/23	
Signature of Authorized Person					

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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

OCT 25 2023