

## 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.

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

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 is an art galaxy and community space  Supportly art. # (reatluity			
6. Principal Office Address  9 M2055a St	· AP+ 2	City	State RI	2ip 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Casandra Inez		Contact Title (0 - Owner		
Street Address 9 Me iss a St. Att. 2		City providence	State	21p 02909
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			10/25/23	
Signature of Authorized Person				

MAIL TO:

**Division of Business Services** 

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

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OCT 25 2023

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