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State of Rhode Island

Department of State - Business Services Division

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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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Entity ID Number	2. Exact name of the Limited Liability Company						
17-39-587	Art Talk LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
621330	Art as therapy and art gallery						
5. State of Formation							
R.T.							
6. Principal Office Address		City	State	Zip			
342 Spring St. Apt 2.		Newport	RI	02840			
7. Mailing Address of Limited Lia	bility Company and Name or Titl	e of Contact Person					
Contact Name Angela Gallo		Contact Title					
Street Address 342 Spring St. Apt. 2		Cily Newport	State RI	^{Zip} 02840			
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				
Angela Gallo		01/14/2024					
Signature of Authorized Person	h Dallo		1/14/2	24			
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BY KHVWY

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

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