

State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2024  
Limited Liability Company

→ Filing period: February 1 - May 1

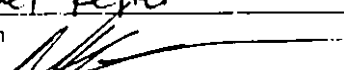
→ Filing Fee: \$50.00

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

FILED

MAR 18 2024

BY

1 Entity ID Number <b>001708007</b>	2 Exact name of the Limited Liability Company <b>COMEDY BUS LLC</b>		
3 NAICS Code <b>487000</b>	4 Brief description of the character of business conducted in Rhode Island		
5 State of Formation <b>RI</b>	<b>LOCAL TOURS</b>		
6 Principal Office Address <b>1374 SMITH STREET</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02911-3306</b>	
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>MICHAEL KELLER</b>		Contact Title <b>MEMBER</b>	
Street Address <b>1374 SMITH STREET</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02911</b>	
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 <b>MEMBER - Michael Keller</b>			Date <b>3/14/24</b>
Signature of Authorized Person 			

## MAIL TO:

Division of Business Services

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