RI SOS Filing Number: 202449281330 Date: 3/25/2024 1:24:00 PM



State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2013 **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					
001737370	Robert Solomon LCC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
111410	Entertainer					
5. State of Formation						
NJ						
6. Principal Office Address	*	City	State	Zip		
11 Lucas	Ave #1	Newport	RL	02840		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	1	Contact Title	•			
Robert S	oloman					
Street Address 11 Lucas A	<u>.</u>	"Nawport	State T	^{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			
Robert S	ol omon		March	25,2024		
Signature of Authorized Person Rowt						
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BY NY GOZ

MAIL TO:

Division of Business Services

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

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