



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. ID No.** 001769444

**2. Exact Name of the Limited Liability Company** Aurora Projects, LLC

**3. State of Formation**

State: RI

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541490

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

AURORA PROJECTS DESIGNS CREATIVE PUBLIC ENGAGEMENT, PUBLIC ART AND HUMANITIES, AND STRATEGIC CULTURAL PLANNING PROJECTS. PRACTICE AREAS INCLUDE EXPERIENCE DESIGN, CULTURAL PROGRAM PRODUCTION, CULTURAL PROGRAM EVALUATION, MUSEUM AND OTHER PUBLIC PROGRAMMING, ARTS AND WELLBEING/HEALTH, CIVIC HEALTH, EDUCATIONAL TECHNOLOGY, MULTIMEDIA CONTENT PRODUCTION, COMMUNITY JOURNALISM, AND FILM. OUR WORK MAKES ART AND IDEAS MORE ACCESSIBLE AND RELEVANT TO AUDIENCES, AND INVESTIGATES THE WAYS IN WHICH CULTURE CONTRIBUTES TO VIBRANT CIVIC LIFE AND PUBLIC SPACES.

**5. Principal Office Address**

No. and Street: C/O THE SEG HUB  
10 DAVOL STREET, SUITE 100  
City or Town: PROVIDENCE State: RI Zip: 02903 Country: US

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: JULIA LAZARUS Contact Title: PRINCIPAL DESIGNER  
No. and Street: C/O THE SEG HUB  
10 DAVOL STREET, SUITE 100  
City or Town: PROVIDENCE State: RI Zip: 02903 Country: US

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JULIA LAZARUS C/O THE SEG HUB 10 DAVOL STREET, SUITE 100 PROVIDENCE , RI 02903

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 30 Day of April, 2024 at 3:03:32 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JULIA LAZARUS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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