



State of Rhode Island
Department of State - Business Services Division

JUN 10 2024
2018
STAMP
FOR SECRETARY OF STATE

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001709002		2. Exact name of the Corporation The Fickle Mermaid Corp.			
3. Principal Office Address 218 E. 32ND Street Unit 1			City New York	State NY	Zip 10016
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island Acting and Performance			
5. State of Incorporation NY					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Cynthia Nixon			Vice-President Name None		
Street Address 218 E. 32ND Street Unit 1			Street Address		
City New York	State NY	Zip 10016	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		10.00	STK	0.0000	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Charles Fazio, CPA				Date 06/06/2024	
Signature of Authorized Representative 					

MAIL TO:
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