



State of Rhode Island
Department of State - Business Services Division

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.

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STAMP

1. Entity ID Number 001297992		2. Exact name of the Corporation Providence Live Ltd.			
3. Principal Office Address 532 Kinsley Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 541214		6. Brief description of the character of business conducted in Rhode Island Payroll Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Nicolas Bauta			Vice-President Name		
Street Address 532 Kinsley Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Stephen M. Litwin			Treasurer Name Nicolas Bauta		
Street Address 116 Orange Street			Street Address 532 Kinsley Avenue		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Nicolas Bauta			Director Name		
Street Address 532 Kinsley Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 1	CLASS/SERIES 0.0100	PAR VALUE 0.01
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 Stephen M. Litwin				Date 8/7/24	
Signature of Authorized Representative Stephen M. Litwin					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
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BY **2444ZM**
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