State of Rhode Island
Department of State - Business Services Division

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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	2. Exact name of the Corporation		
001297992	Providence Live Ltd.		
3. Principal Office Address	City	State	Zip
532 Kinsley Avenue	Providence	RI	02909
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541214	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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1	0.0100	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	Date
stephen m litwin	8/7/24

Signature of Authorized Representative: Stephen M Litwin

FILED
AUG 07 2024
BY AA. 12:41 pm.

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

FORM 630- Revised 12/2023