

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024
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.

24 SE	
D RIDOS BSD 5 17 AM11:21:30	STAMP FUR FURCHERAY OF STATE USE ONLY

Entity ID Number	2. Exact name of the Limited Liability Company				
000544391	NULEVEL ENTERTAINMENT LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
711310	COMEDY AND ENTERTAINMENT				
5. State of Formation	,				
RI					
6. Principal Office Address	City		State	Zip	
39 WARREN AVE EAST PROVIDENCE		RI	02914		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CORY BRAILSFORD		Contact Title OWNER			
Street Address 39 WARREN AVE		EAST PROVIDENC	State RI	^{Zip} 02914	
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		
CORY BRAILSFORD			09/16/2024		
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 17 2024
BY