



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 FEB 5 PM 3:35:07

Annual Report for the year: 2023

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.

|                                                                                                                                                                                                         |  |                                                                                                              |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|-----------------------|
| 1. Entity ID Number<br><u>1710831</u>                                                                                                                                                                   |  | 2. Exact name of the Limited Liability Company<br><u>Art Miners LLC</u>                                      |                       |
| 3. NAICS Code<br><u>541990</u>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Jewelry business Maker</u> |                       |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                      |  |                                                                                                              |                       |
| 6. Principal Office Address<br><u>31 Mann Ave</u>                                                                                                                                                       |  | City<br><u>Newport</u>                                                                                       | State<br><u>RI</u>    |
|                                                                                                                                                                                                         |  | Zip<br><u>02840</u>                                                                                          |                       |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                              |                       |
| Contact Name<br><u>Cary Mitsub Dupre</u>                                                                                                                                                                |  | Contact Title<br><u>OWNER</u>                                                                                |                       |
| Street Address<br><u>969 West Main Road</u>                                                                                                                                                             |  | City<br><u>Middletown</u>                                                                                    | State<br><u>RI</u>    |
|                                                                                                                                                                                                         |  | Zip<br><u>02842</u>                                                                                          |                       |
| 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<br><u>CARY MITSUBO DUPRE</u>                                                                                                                                                  |  |                                                                                                              | Date<br><u>2/2/25</u> |
| Signature of Authorized Person<br><u>[Signature]</u>                                                                                                                                                    |  |                                                                                                              |                       |

FILED 3:35pm

FEB 05 2025

MAIL TO:

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