RI SOS Filing Number: 202568655360 Date: 3/31/2025 4:00:00 PM



## State of Rhode Island **Department of State - Business Services Division**

**FILED** 

Annual Report for the year:

2025

MAR **31** 2025

**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.

(Br)	

BY 4-150

1. Entity ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company			
001677674	NPAC Subsidiary, LLC				
3. NAICS Code 711310	Brief description of the character of business conducted in Rhode Island     live performing arts and events venue				
5. State of Formation					
6. Principal Office Address		City	State	Zip	
11 Touro Street		Newport	RI	02840	
7. Mailing Address of Limite	d Liability Company and Name or I	Title of Contact Person			
Contact Name Melissa Qu	iinn	Contact Title Managing Director			
Street Address PO Box 234		City Newport	State	<sup>Zip</sup> 02840	
8. The Resident Agent infor	mation currently of record with the I	RI Department of State is acc	urate. Changes requir	e filing Form 642.	
	y, I declare and affirm that I have atements contained herein are ti		ding any accompany	ing schedules and	
Name of Authorized Person		Date			
Melissa Quinn		03/28/2025			
Signature of Authorized Per	son M. O	~°			

## MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov