

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.



BY 4-150

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001677674	NPAC Subsidiary, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island live performing arts and events venue			
711310				
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
11 Touro Street		Newport	RI	02840
7. Mailing Address of Limite	d Liability Company and Name or T	itle of Contact Person		
Contact Name Melissa Quinn		Contact Title Managing Director		
Street Address PO Box 234		City Newport	State	^{Zip} 02840
8. The Resident Agent infor	mation currently of record with the f	RI Department of State is acc	urate. Changes requir	e filing Form 642.
	y, i declare and affirm that i have tatements contained herein are tr		ding any accompan	ying schedules and
Name of Authorized Person			Date	
Melissa Quinn			03/28/2025	
Signature of Authorized Pe	rson M. O	•		

MAIL TO:

Division of Business Services

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