

FILED

MAR 31 2025

2025 Annual Report for the year: **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.

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BY 4150

1. Entity ID Number	2. Exact name of the Limite	2. Exact name of the Limited Liability Company				
001677675	NPAC Managing	NPAC Managing Member, LLC				
3. NAICS Code 711310	1	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	<u> </u>	City	State	Zip		
11 Touro Street		Newport	RI	02840		
7. Mailing Address of Limite	ed Liability Company and Name or	Title of Contact Person	<u> </u>			
Contact Name Melissa Q	uinn	Contact Title Managing	naging Director			
Street Address PO Box 234		City Newport	State	<sup>Zip</sup> 02840		
8. The Resident Agent info	rmation currently of record with the	RI Department of State is accu	urate. Changes requir	e filing Form 642.		
	ry, I declare and affirm that I hav tatements contained herein are		ding any accompany	ring schedules and		
Name of Authorized Person			Date			
Melissa Quinn			03/28/2025			
Melissa Quinn Signature of Authorized Pe	rson M. O	,	03/28/20	25		

## MAIL TO:

**Division of Business Services** 

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

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