

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

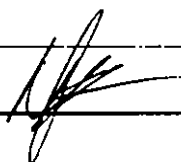
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 21 2025

BY

1. Entity ID Number <b>001708007</b>		2. Exact name of the Limited Liability Company <b>COMEDY BUS LLC</b>		
3. NAICS Code <b>487000</b>		4. Brief description of the character of business conducted in Rhode Island  <b>LOCAL TOURS</b>		
5. State of Formation <b>RI</b>				
6. Principal Office Address <b>1374 SMITH STREET</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911-3306</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <b>MICHAEL KELLER</b>		Contact Title <b>MEMBER</b>		
Street Address <b>1374 SMITH STREET</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>
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 <b>MEMBER</b>			Date <b>4/1/25</b>	
Signature of Authorized Person 				

MAIL TO:

Division of Business Services

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