RI SOS Filing Number: 200701375140 Date: 09/24/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
134991	FBS & VENUE MANAGEMENT, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
MASSACHUSETTS	EVENT MANAGEMENT

5. Principal office address	City	State	Zip
PO BOX 724	BRYANTVILLE	MA	02327

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
DAVID R. BOYLE	

Street Address	City	State	Zip
PO BOX 724	BRYANTVILLE	MA	02327

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
SCOTT SETO	350 WASHINGTON ST	BROOKLINE	MA	02147
KAREN BOYLE	PO BOX 724	BRYANTVILLE	MA	02327

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
DAVID ANTHONY MACARI, ESQ	1291 PLAINFIELD STREET	JOHNSTON	02919

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 134991 [redacted]

FILED
File Date
Check No. 1923 SEP 24 2007
By: By mme

FOR SECRETARY OF STATE USE ONLY
14696-6-190186

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.

Karen M. Boyle 9/20/07
Signature of Authorized Person *Date*

[redacted] Karen M. Boyle
Print or Type Name of Authorized Person

Form 632 Rev. 07/07