



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 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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)(6)) is subject to a penalty fee of \$25.00.

1. ID No. 165226		2. Exact name of the limited liability company Arpin Broadcast Network, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Producing, marketing, selling, broadcasting & distributing a variety of programming, print, audio and video content			
5. Principal office address 99 James P. Murphy Highway		City West Warwick	State Rhode Island	Zip 02893	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Peter Arpin			Contact Title Manager		
Street Address 99 James P. Murphy Highway		City West Warwick	State Rhode Island	Zip 02893	
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) <input type="checkbox"/>					
Manager Name Peter Arpin			Manager Name Edward Catucci		
Street Address 99 James P. Murphy Highway		Street Address 99 James P. Murphy Highway			
City West Warwick	State Rhode Island	Zip 02893	City West Warwick	State Rhode Island	Zip 02893
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

165226

File Date	9-2-2010
Check No.	370127
By:	<i>mms</i>
FOR SECRETARY OF STATE USE ONLY	

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.

[Signature] _____ 8/30/10
Signature of Authorized Person Date

Peter Arpin

Print or Type Name of Authorized Person