



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

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

1. ID No. 114260		2. Exact name of the limited liability company ROOMTONE PRODUCTIONS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PRODUCTION COMPANY			
5. Principal office address 1071 SOUTH ROAD		City SOUTH KINGSTOWN		State RI	Zip 02879
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RICHARD LATAILLE			Contact Title MANAGER		
Street Address 1071 SOUTH ROAD		City SOUTH KINGSTOWN		State RI	Zip 02879
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 RICHARD LATAILLE			Manager Name CHRIS VACHON		
Street Address 1071 SOUTH ROAD		Street Address 1071 SOUTH ROAD			
City SOUTH KINGSTOWN	State RI	Zip 02879	City SOUTH KINGSTOWN	State RI	Zip 02879
Manager Name MICHAEL LEBEAU			Manager Name		
Street Address 1071 SOUTH ROAD		Street Address			
City SOUTH KINGSTOWN	State RI	Zip 02879	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).

114260

FILED	
File Date	SEP 07 2011
Check No.	203
By: RY	
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 of Authorized Person
Date
8/30/11
RICHARD LATAILLE
Print or Type Name of Authorized Person