



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 2011

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. 124503		2. Exact name of the limited liability company PixOnTV, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SOFTWARE DEVELOPMENT AND CONSULTING			
5. Principal office address 62 ELDRIDGE AVENUE			City EAST GREENWICH	State RI	Zip 02818
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CAYETANO SANCHEZ, III			Contact Title MANAGER		
Street Address 62 ELDRIDGE AVENUE			City EAST GREENWICH	State RI	Zip 02818
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 CAYETANO SANCHEZ, III			Manager Name		
Street Address 62 ELDRIDGE AVENUE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JOSEPH A. ANESTA, ESQ.			Address		
Address 301 PROMENADE STREET			City PROVIDENCE	Zip 02908	

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2011 OCT 27 AM 11:53

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

124503

FILED
OCT 27 2011

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.

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

By MMS
 CA # 1742

Cayetano Sanchez III 10/25/11
 Signature of Authorized Person Date

CAYETANO SANCHEZ, III, MANAGER

Print or Type Name of Authorized Person