



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>68329</b>		2. Exact name of the Corporation <b>VTA Entertainment</b>			
3. Principal office address <b>1A Landing Lane</b>			City <b>Hopedale</b>	State <b>MA</b>	Zip <b>01747</b>
4. Business Phone No. <b>508-478-2463</b>		5. State of Incorporation <b>Massachusetts</b>			
6. Brief description of the character of business conducted in Rhode Island <b>To provide for sale and rental of equipment; video, amusement machines and similar items.</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name <b>Richard Teter</b>			Vice-President Name		
Street Address <b>98 Patricia Drive</b>			Street Address		
City <b>Bellingham</b>	State <b>MA</b>	Zip <b>02019</b>	City	State	Zip
Secretary Name <b>Richard Teter</b>			Treasurer Name <b>Richard Teter</b>		
Street Address <b>98 Patricia Drive</b>			Street Address <b>98 Patricia Drive</b>		
City <b>Bellingham</b>	State <b>MA</b>	Zip <b>02019</b>	City <b>Bellingham</b>	State <b>MA</b>	Zip <b>02019</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	None

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

**MAR 01 2012**

By *[Signature]*

*CB# 25939*

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.

*Richard Teter* 2-28-12  
 Signature of Authorized Representative Date

**Richard Teter**  
 Print or Type Name of Authorized Representative