



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>685929</u>		2. Exact name of the limited liability company <u>CLM Entertainment Group LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Loss control prevention for amusement industry</u>			
5. Principal office address <u>651 Providence St</u>		City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Melissa Plante</u>		Contact Title <u>President</u>			
Street Address <u>651 Providence St</u>		City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>Ms. Melissa Muel Plante</u>		Manager Name			
Street Address <u>651 Providence St</u>		Street Address			
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City	State	Zip
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 Form 642.					

2013 AUG 29 AM 11:32
 SECRETARY OF STATE
 CORPORATIONS DIV

FILED 1132

AUG 29 2013

BY 12204773

File Date _____

Check No _____

By: _____

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.

Melissa Plante 8/28/13
 Signature of Authorized Person Date

MELISSA PLANTE
 Print or Type Name of Authorized Person