

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

Fiting 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.

| 7. Entity ID No. 000508178 | | 2. Exact name of the limited liability company Crescendo AV , LLC | | | | | | |
|--|------------------|--|--|---------------------------|---------------------|--|--|--|
| 3. State of Formation | ľ | Brief description of the character of business conducted in Rhode Island Calibrating Audio Systems | | | | | | |
| 5. Principal office address 824 Bald Hill Rd | | | City Warwick | State RI | Zip 02886 | | | |
| 6. MAILING ADDRESS OF L | MITED LIABILIT | Y COMPANY AND N | AME OR TITLE OF CONTACT PE | RSON: | | | | |
| Contact Name Apponaug Business \$ | Services | | Contact Title Accountant | State Zip RI 02886 | | | | |
| Street Address 3239 Post Rd | | | City Warwick | | | | | |
| 7. LIST <u>ALL</u> MANAGERS (N. ("X" BOX FOR ATTACHMI | AMES AND ADD | RESSES) OF THE LI | MITED LIABILITY COMPANY, IF | APPLICABLE - <u>Do</u> | NOT LIST MEMBERS | | | |
| Manager Name Joseph T. Sullivan | | | Manager Name Matthew Spicer | | | | | |
| Street Address 214 Suburban PKWY | | | Street Address 69 Howland St | | | | | |
| City Warwick | State RI | Zip 02889 | City Marlborough | State MA | Zip 01752 | | | |
| Manager Name | _ | , | Manager Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | |
| 8. RESIDENT AGENT IN RHO | | | The state of the s | Paradaja, mara | | | | |
| This information is currently | of record in the | e Office of the Secret | ary of State. Changes require fi | ling Form 642. | | | | |
| | | | | | | | | |

| File Date | FILED | Under penalty of perjury, I declare and affi this report, including any accompanying s and that all statements contained berein a | chedules and statements, |
|-----------------------------------|--------------|---|--------------------------|
| Check No | AUC o o ooso | Offer 7 97- | 08/28/2013 |
| By | AUG 3 0 2013 | Signature of Authorized Person | Date |
| | 2182 | Joseph Sullivan | |
| FOR SECRETARY OF STATE USE ON THE | 7100 | Trint or Type Name of Authorized Person | |

Form No. 632 Revised: 01/2012