

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.	Exact na	ame of the limited liability	company		
788395		66 Soul		Entertain	montile
3. State of Formation			of business conducted in Rh	node Island	
RI	N	Lobil	Disc	Jocken	S Private Pa
5. Principal office address	chage	Rd	"west	aly State	- Schools
S. MALENS ADDRESS (F LANTED (MALL	TY COMPANY AND NAI	E OR TITLE OF CONTACT	PERSON:	
John T. Finnegan			Contact Title	wner	
Street Address Roc	-Je Rid	ge Ad	wester	State 2	ZipO>291
7. LIST ALL MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADE HMENT) [DRESSES) OF THE LIMI	TED LIABILITY COMPANY	FAPLICABLE - DO	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address					
Street Address			Street Address		-
	State	Zip	Street Address City	State	71.
Dity	State	Zip	City	State	Zip
City Manager Name	State	Zip		State	Zip
City Manager Name	State	Zip	City	State	Zip
City Manager Name Street Address	State	Zip Zip	City Manager Name	State	Zip Zip
Street Address City Manager Name Street Address City RESIDENT AGENT IN R	State		City Manager Name Street Address		

File Date	FILED	Under penalty of perjunal declare and affirm that I have examined this report, including any accompanying schedules and statements,
Check No	1 Thebal	and that/aff statements contained herein are true and correct
Ву:	SEP 1 0 2013	arginiture of Authorized Pareen. Date
FOR SECRETARY OF STATE USE ONLY	4289	John I. Finnesan
		Times Type Name of Authorized Person

Form No. 632 Revised: 01/2012