



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. 000542076		2. Exact name of the limited liability company REMINISCE, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island MUSICAL ENTERTAINMENT			
5. Principal office address 1139 HARTFORD AVENUE, 4B		City JOHNSTON	State R.I.	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RONALD IACOBUCCI			Contact Title MANAGER		
Street Address 1139 HARTFORD AVENUE, 4B		City JOHNSTON	State R.I.	Zip 02919	
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 RONALD IACOBUCCI		Manager Name GIOACCHINO MENTO			
Street Address 1139 HARTFORD AVENUE, 4B		Street Address 10 WOODFALL ROAD			
City JOHNSTON	State R.I.	Zip 02919	City MEDFIELD	State MASS	Zip 02052
Manager Name FRANK GARGIULO		Manager Name			
Street Address 4 LANDERS ROAD		Street Address			
City STONEHAM	State MASS	Zip 02180	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.					

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

SEP 13 2013

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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.

Ronald Iacobucci 9-12-13
 Signature of Authorized Person Date

RONALD IACOBUCCI

Print or Type Name of Authorized Person