



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. 112338 | | 2. Exact name of the limited liability company FESTIVALS OF AMERICA LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of business conducted in Rhode Island SHOW MANAGEMENT | | | |
| 5. Principal office address 130 Gano Street | | City Providence | State RI | Zip 02906 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Maury A. Ryan | | Contact Title President | | | |
| Street Address 130 Gano Street | | City Providence | State RI | Zip 02906 | |
| 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 | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | 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. | | | | | |

FILED

NOV 27 2013

BY _____

4859

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.

File Date _____

Check No _____

By: _____

Maury A. Ryan
 Signature of Authorized Person _____ Date _____

Maury A. Ryan, President

Print or Type Name of Authorized Person

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