

## 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 2014

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. 372239		2. Exact name of the limited liability company TRIMOM PRODUCTIONS, LLC				
3. State of Formation RHODE ISLAND		Brief description of the character of business conducted in Rhode Island     TRIATHOLON PRODUCTION COMPANY				
5. Principal office address 380 Camp Fuller Road			City <b>Wakefield,</b>	State RI	Zip <b>02879</b>	
6. MAILING ADDRESS C	F LIMITED LIABILE	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Katherine C. Robbins			Contact Title			
Street Address 380 Camp Fuller Road			City Wakefield	State RI	Zip <b>02879</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT) [	PRESSES) OF THE LI	MITED LIABILITY COMPANY, I	F APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name Katherine C. Robbins			Manager Name			
Street Address 380 Camp Fuller Re	oad		Street Address			
City <b>Wakefield</b>	State RI	Zip <b>02879</b>	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN						
This information is curre	ently of record in the	Office of the Secret	ary of State. Changes require	filing Form 642.		

FILED

OCT 3 1 2014

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File Date

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.

Check No

Signature of Authorized Person

Katherine C. Robbins

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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