



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 **2015**

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. 791868		2. Exact name of the limited liability company LCA Entertainment LLC			
3. State of Formation Massachusetts		4. Brief description of the character of business conducted in Rhode Island Photobooth rental			
5. Principal office address 10 High Street, Suite A		City Woburn		State MA	Zip 01801
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael K. Pullano		Contact Title Manager			
Street Address 10 High Street, Suite A		City Woburn		State MA	Zip 01801
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 Michael K. Pullano		Manager Name			
Street Address 10 High Street, Suite A		Street Address			
City Woburn	State MA	Zip 01801	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

DEC 29 2015

By 264265

KM

DEC 29 2015 12:51 PM
STATE OF RHODE ISLAND
DIVISION OF BUSINESS SERVICES

File Date	_____
Check No	_____
By	_____
FOR SECRETARY OF STATE USE ONLY	

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.

Michael K. Pullano 12/22/15
Signature of Authorized Person Date

Michael K. Pullano, Manager
Print or Type Name of Authorized Person