



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 68329		2. Exact name of the Corporation VTA Entertainment			
3. Principal office address 1A Landing Lane		City Hopedale		State MA	Zip 01747
4. Business Phone No. 508-478-2463		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island To provide for sale and rental equipment, video, amusement machines and similar items.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard Teter			Vice-President Name Richard Teter		
Street Address 98 Patricia Drive			Street Address 98 Patricia Drive		
City Bellingham	State MA	Zip 02019	City Bellingham	State MA	Zip 02019
Secretary Name Richard Teter			Treasurer Name Richard Teter		
Street Address 98 Patricia Drive			Street Address 98 Patricia Drive		
City Bellingham	State MA	Zip 02019	City Bellingham	State MA	Zip 02019
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	None

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 26 2016

BY

2924005

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.

Richard Teter

02/24/2016

Signature of Authorized Representative

Date

Richard Teter

Print or Type Name of Authorized Representative