

## State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

<b>Limited Liability Compa</b> Filing period: September 1 - N Filing Fee: \$50.00 *FAILURE	ovember 1			IN A \$25 00 P	FNALTY FEE
1. Entity ID Number	2. Exact name of the Limited Liability Company				
000 752582	Emergency Production IVC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
RI	Audio, Video, Lighting, Staging for corporate events, private funding				
5. Principal Office Address			City	State	Zip
11 AMPKX Drive, Unit 2			Cranston	RI	02921
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Christopher Hubbard			Contact Title Owner		
Street Address 11 Amftex Dr. Unit 2			city Cranston	State	Zip 02921
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person			Date		
Jane E/	Robin		48.16		
Signature of Authorized Person	20 Min	SIGN DOCUI	MENT HERE		
				FILEI APR 2 0 1	2016

Form No. 632 Revised: 2016