



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.<br><b>374196</b>  |       | 2. Exact name of the limited liability company<br><b>STAGE MACHINES LLC</b>                                      |                    |
| 3. State of Formation<br><b>RI</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>STAGE AUTOMATION EQUIPMENT</b> |                    |
| 5. Principal office address<br><b>15 LINCOLN AVE</b>   |       | City<br><b>BARRINGTON</b>  | State<br><b>RI</b> |
|  |       | Zip<br><b>02806</b>  |                    |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |                    |
| Contact Name<br><b>R. ADRIAN DAVIDSON</b>  |       | Contact Title<br><b>OWNER</b>  |                    |
| Street Address<br><b>15 LINCOLN AVE</b>  |       | City<br><b>BARRINGTON</b>  | State<br><b>RI</b> |
|  |       | Zip<br><b>02806</b>  |                    |
| 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 | City   | State              |
| Zip  |       | Zip  |                    |
| Manager Name   |       | Manager Name   |                    |
| Street Address   |       | Street Address   |                    |
| City   | State | City   | State              |
| Zip  |       | 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.  |       |  |                    |

11:00

**FILED**

**MAY 31 2016**

File Date

Check No

By:

BY 040275532

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.

Signature of Authorized Person

Date

**ROBERT ADRIAN DAVIDSON**

Print or Type Name of Authorized Person

06/01/2015

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 MAY 31 AM 10:58  
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