RI SOS Filing Number: 201602656840 Date: 07/27/2016 4:00 PM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JUL 27 AM 11:19

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation		
165827	Eagle Creek Entertainment Inc.		
3. Principal Office Address	City	State	Zip
12 Circle Rd	Smithfield	RI	02917
4. Business Phone Number	5. State of Incorporation		
401-219-1139			

6. Brief description of the character of business conducted in Rhode Island
Concert Promoters / artist branding

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
David Shaw	Dennis Callaghan
Street Address: 12 Circle Rd	Street Address: 31 Milner St
City: Smithfield State: RI Zip: 02917	City: Waltham State: MA Zip: 02451
Secretary Name: Dan Millen	Treasurer Name
Street Address: 102 Library St.	Street Address
City: Chelsea State: MA Zip: 02150	City State Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. Shares Authorized

This information is currently of record in the Department of State.
Changes require an additional filing.

10. Shares Issued Check box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		

11. 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.

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 Representative

Date: 07/27/2016

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

JUL 27 2016

BY C1166542

STAMP

140289-4-1119040
Form No. 630
Revised: 2016