State of knode island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2016 Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.	
1 Carrie ID No. 1	

Entity ID Number	2. Exact na.	me of the Limite	d Liability Company			
519754	JRS-	LFL L.L.	c. dba Ktys 1	to FUNI		
3. NAICS Code	4. Brief des	cription of the cl	naracter of business conducted	d in Phodo Island		
8	4. Brief description of the character of business conducted in Rhode Island MUSICA ISSUED INSTRUMENT					
5. State of Formation	- 1					
Rhode Island		Jaks a	nd Schrice			
6. Principal Office Address			City	State	Zip	
145 Harton Avenu	e Juite	12	JOHNSTON	RI	02119	
7. Mailing Address of Limited Lia	ability Compan	y and Name or	Title of Contact Person		02111	
JOHN SPENILER			Contact Title President			
Street Address 1665 HART Ford Avenue Suite 12			City	State /2/	Zip 029/9	
8. List ALL managers (names ar Manager Nam	nd addresses)	of the Limited Li	lability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Man			Manager Name			
Street Address			Street Address			
City ^	Stath	Zin	City	State	Zip	
Manager Name			Manager Name			
Street Address	-		04			
			Street Address			
City	State	Zip	City	State	Zip	
Posidont Agent in Dhadal				Check the box to in	dicate an attachment	
Resident Agent in Rhode Island	1. This information	on is currently of re	ecord with the Department of Stat	0		
Inder penalty of perjury, I decla statements, and that all stateme	ne ann amm	TOTAL POLICE AND	h-main	any accompanying	schedules and	
lame of Authorized Person	<u> </u>			Date		
JOHN SPENLE	2)_1/	
ignature of Authorized Person				9-30	10	
Jahre 13	ENUL	SIGN DC	CUMENT HERE			
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 3 OCT 0 6 2016

BY___