

Annual Report for the y Limited Liability Compa					
→ Filing period: September → Filing Fee: \$50.00	1 - November		mbor 1	_	
→ Penalty: Additional \$25.00) tee it torm is n	of filed by Dece	mper I.		
1. Entity ID Number	2. Exact name of the Limited Liability Company				
97624	Capital Media Communication, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
51 - Information	The development and distribution of film video and other media products.				
5. State of Formation					
Rhode Island					
6. Principal Office Address			City	State	Zip
Vastmannagatan 107A S-113	43 Stockholm, S	Sweden			
7. Mailing Address of Limited Lia	ability Company	and Name or Titl	e of Contact Person		
Contact Name David F. Fox, Esq.			Contact Title Resident Agent		
Street Address 850 Aquidneck Ave. B-11			City Middletown	State RI	^{Zip} 02842
8. List ALL managers (names a	nd addresses) o	the Limited Liab	oility Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS
Manager Name Bo Backman			Manager Name		
Street Address Vastmannagatan 107A S-113 43 Stockholm			Street Address		
City Sweden	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>	<u> </u>		Check the box to i	indicate an attachment
9. Resident Agent in Rhode Isla					
Under penalty of perjury, I dec statements, and that all stater	lare and affirm	that I have exà I herein are tru	mined this report, including and correct.	g any accompanyin	g schedules and
Name of Authorized Person)	Date	1	
(Card L. tox				10/7	//6
Signature of Authorized Person	10	SIGN DC	CUMENT HERE		

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**

By OCT 1 2 2016

FORM 632 - Revised: 08/2016