

State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2016			
1. ID No. <u>000787826</u>			
2. Exact Name of the Limited Liability Company MIKE STUD, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code 51			

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE COMPANY IS FORMED FOR THE PURPOSE PROVIDING ENTERTAINMENT
SERVICES AND TO ENGAGE IN SUCH OTHER ACTIVITIES AS THE MANAGER MAY
DETERMINE WHICH ARE PERMITTED TO BE ENGAGED IN BY LIMITED LIABILITY
COMPANIES UNDER THE PROVISIONS OF THE "RHODE ISLAND LIMITED LIABILITY
COMPANY ACT," AS AMENDED.

5. Principal Office Address

No. and Street: 29 HERVEY STREET

City or Town: <u>CRANSTON</u> State: <u>RI</u> Zip: <u>02920</u> Country: <u>USA</u>

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 29 HERVEY STREET

City or Town: CRANSTON State: RI Zip: 02920 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	MICHAEL F. SEANDER JR	29 HERVEY STREET CRANSTON, RI 02920 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MCLAUGHLIN & QUINN, LLC 148 WEST RIVER STREET, SUITE 1E PROVIDENCE, RI 02904

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 18 Day of October, 2016 at 5:50:08 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By MICHAEL F. SEANDER JR Signature of Authorized Person

Form No. 632 Revised 09/07

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