

RECEIVED R.I. DEPT. OF STATE BUO SYOS DIV

2016 NOV 28 PM 3: 02

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.

	la = .				
1. Entity ID Number	2. Exact name of the Limited Liability Company				
372239	TRIMOM PRODUCTIONS, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
71 - Arts, Entertainment, and R	TRIATHOLON PRODUCTION COMPANY				
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
380 CAMP FULLER ROAD			WAKEFIELD	RI	02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name KATHERINE C. ROBBINS			Contact Title		
Street Address 380 CAMP FULLER ROAD			City WAKEFIELD	State RI	^{Zip} 02879
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name KATHERINE C. ROBBINS			Manager Name		
Street Address 380 CAMP FULLER ROAD			Street Address		
City WAKEFIELD	State RI	^{Zip} 02879	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Žip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person				Date	
KATHERINE C. ROBBINS				11/22/2016	
Signature of Authorized Person: SIGN DOCUMENT 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**

NOV 28 2016

BY 25 14 A.H.