State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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. Entity ID Number	2. Exact name of the Limited Liability Company
372239	**TRIMOM PRODUCTIONS, LLC**
3. NAICS Code 71 - Arts, Entertainment, and R	4. Brief description of the character of business conducted in Rhode Island **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	Contact Title		
KATHERINE C. ROBBINS			
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	Zip

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: Katherine Robbins 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 2514 A.A.

FORM 632 - Revised: 08/2016