

State of Rhode 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.

Entity ID Number	2. Exact name of the Limited Liability Company					
165226	Arpin Broadcast Network, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
51 - Information	Producing, marketing, selling, broadcasting & distributing a variety of programming, print, audio					
5. State of Formation	and video o	ontent.				
Rhode Island						
6. Principal Office Address			City	State	Zip	
99 James P. Murphy Highway			West Warwick	RI	02893	
7. Mailing Address of Limited Lia	bility Compan	y and Name or Ti				
Contact Name Peter Arpin			Contact Title Manager			
Street Address 99 James P. Murphy Highway			City West Warwick	State RI	^{Zip} 02893	
8. List ALL managers (names ar	nd addresses)	of the Limited Lia		.E - DO NOT LIST N	MEMBERS	
Manager Name Peter Arpin			Manager Name Edward Catucci			
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway			
City West Warwick	State RI	^{Zip} 02893	City West Warwick	State RI	^{Zip} 02893	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
					ndicate an attachment	
Resident Agent in Rhode Islan	d. This informat	ion is currently of re	cord with the Department of State	Changes require filing	Form 642.	
Under penalty of perjury, I deci statements, and that all statem	are and affirm ents containe	n that I have exa ed herein are true	mined this report, including e and correct.	any accompanying	schedules and	
Name of Authorized Person			Date /	<i>j</i>		
Peter Arpin			11/25/16			
Signature of Authorized Person SHON-DOGUMENT 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 FILEL

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FORM 632 - Revised: 08/2016