



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2017 JAN 24 AM 10:33
 RECEIVED
 R.I. DEPT. OF STATE
 BUS. SERVICES DIV.

1. Entity ID Number 36938		2. Exact name of the Corporation ESCAPE "E" ROCK 'N ROLL REVUE, INC.			
3. Principal Office Address 84 LITTLEFIELD STREET		City PAWTUCKET		State RI	Zip 02861
4. NAICS Code 71 - Arts, Entertainment, and R		6. Brief description of the character of business conducted in Rhode Island PROFESSIONAL MUSICAL ENTERTAINMENT SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDMUND F. BROADLEY III			Vice-President Name VACANT		
Street Address P.O. BOX 712			Street Address		
City PAWTUCKET	State RI	Zip 02862	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		300		NO VALUE	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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.</i>					
Name of Authorized Representative EDMUND F. BROADLEY III				Date 01/24/2017	
Signature of Authorized Representative <div style="display: flex; justify-content: space-between; align-items: center;"> FILED JAN 24 2017 </div>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

By 29 3932