

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY-FEE.

| 1. Entity ID No. | | Exact name of the limited liability company LCA Entertainment LLC | | | الله الله الله الله الله الله الله الله | |
|--|-----------------------|---|-------------------------------|---------------------------|---|--|
| 791868 | LCA Ent | | | | | |
| 701000 | | | | | | |
| 3. State of Formation | I | 4. Brief description of the character of business conducted in Rhode Island | | | ₹ <u>₹</u> | |
| Massachusetts | Photobo | Photobooth rental | | | | |
| 5. Principal office address 10 High Street, Suite A | | | City Woburn | State MA | Zip 01801 | |
| 6. MAILING ADDRESS OF | LIMITED LIABILIT | Y COMPANY AND N | AME OR TITLE OF CONTACT | PERSON: | | |
| Contact Name Michael K. Pullano | | Contact Title Manager | | | | |
| Street Address 10 High Street, Suite A | | | City Woburn | State MA | Zip 01801 | |
| 7. LIST ALL MANAGERS ("X" BOX FOR ATTACH | | RESSES) OF THE LI | MITED LIABILITY COMPANY, | IF APPLICABLE - <u>DO</u> | NOT LIST MEMBERS | |
| Manager Name Michael K. Pullano | | | Manager Name | | | |
| Street Address 10 High Street, Suite | 9 A | | Street Address | | | |
| City Woburn | State MA | Zip 01801 | City | State | Zip | |
| Manager Name | • | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 8. RESIDENT AGENT IN R | HODE ISLAND | I | | 1 | | |
| This Information is curren | itly of record in the | Office of the Secret | ary of State. Changes require | e filing Form 642. | | |
| | | | | | | |

FILED

FEB 0 3 2017

BY X 29495)

| File Date | 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. | | | |
|----------------------------------|--|---------|--|--|
| Check No | Mikal | 1/20/17 | | |
| By: | Signature of Authorized Person | Date | | |
| ZOD OCCUPATIVOS OTATS LIGIS ONLY | Michael K. Pullano, Manager | | | |
| FOR SECRETARY OF STATE USE ONLY | Print or Type Name of Authorized Person | | | |

Form No. 632 Revised: 01/2012