State of Rhode Isl	iling Number: 2 and and Providence of State - Busi	Plantations		8/2017 4:00:0	00 PM		
Annual Report for the Corporation	he year:	2017					
→ Filing period: Januar → Filing Fee: \$50.00 → Penalty: Additional \$2		not filed by April 1					
1. Entity ID Number 001667131		2. Exact name of the Corporation Texas Scenic Company, Inc.					
3. Principal Office Address 8053 Potranco Road			City San Antor	io	State TX	Zip 78251	
4. NAICS Code	Brief description of the chara			conducted in Rho	i		
23 - Construction	Installer/Manufacturer/Supplier of Theatrical Stage Equipment						
State of IncorporationTexas							
7. List ALL officers (names a	nd addresses)		· · · · · · · · · · · · · · · · · · ·	Ch	ack the how to indi		
President Name Richard C. N	Vice-President Name John F. Owens						
Street Address 506 Oak Ridg	e Drive		Street Addres	^s 2202 Bent Oak I	Hollow		
City Boerne	StateTX	^{Zip} 78006	City San Antonio		State TX	^{Zip} 78216	
Secretary Name			Treasurer Nar				
Street Address			Street Address				
Dity	State	Zip	City	<u>.</u> .	State	Zip	
. List ALL directors (names a	and addresses)			Che	ck the box to indic	ate an attachment	
Director Name Richard C. Me	cke		Director Name			ato di attacimient	
Street Address 506 Ridge Drive			Street Address				
Boerne	State TX	^{Ζίρ} 78006	City		State	Zip	
irector Name			Director Name				
treet Address			Street Address				
ity	State	Zip	City		State	Zip	
Shares Authorized 10. Shares Iss		ued	check the box to indicate an attachment				
nls information is currently of record in the		NUMBER OF SHARES		Check the box to indica		PAR VALUE	
enartment of State	epartment of State. nanges require an additional filing.		5,633		Common \$10		

ort 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.

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 Representative

Zachary Vargyas, Controller

Signature of Authorized Representative

Date

02.23.17

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904

Phone: (401) 222-3040 Website: www.sos.ri.gov