



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.

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FOR  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number <b>000738789</b>		2. Exact name of the Corporation <b>HAPPY BEATS, INC.</b>												
3. Principal Office Address <b>ONE FRANKLIN SQUARE</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>									
4. NAICS Code <b>53 - Real Estate and Rental and</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE AN ENTERTAINMENT VENUE</b>												
5. State of Incorporation <b>RHODE ISLAND</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>GERARD DISANTO II</b>			Vice-President Name <b>GERARD DISANTO II</b>											
Street Address <b>ONE FRANKLIN SQUARE</b>			Street Address <b>ONE FRANKLIN SQUARE</b>											
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02917</b>									
Secretary Name <b>GERARD DISANTO II</b>			Treasurer Name <b>GERARD DISANTO II</b>											
Street Address <b>ONE FRANKLIN SQUARE</b>			Street Address <b>ONE FRANKLIN SQUARE</b>											
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>1000</b></td> <td><b>COMMON</b></td> <td><b>0.00</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>1000</b>	<b>COMMON</b>	<b>0.00</b>			
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<b>1000</b>	<b>COMMON</b>	<b>0.00</b>												
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. <b>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.</b>														
Name of Authorized Representative <b>GERARD DISANTO II</b>				Date <b>3/31/17</b>										
Signature of Authorized Representative 				<p><b>FILED</b></p> <p>SIGN DOCUMENT HERE</p> <p><b>MAR 31 2017</b></p>										