



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.

R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION
 2017 MAY 26 AM 9:02

1. Entity ID Number <u>00572720</u>	2. Exact name of the Corporation <u>LOG IN ENTERTAINER INC</u>		
3. Principal Office Address <u>61 CENTRAL STREET</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u>
		Zip <u>02863</u>	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island <u>BAR/ENTERTAINER</u>		
5. State of Incorporation <u>RI</u>			

7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JOSE LIMA</u>			Vice-President Name <u>JL</u>				
Street Address <u>59 CENTRAL STREET</u>			Street Address				
City <u>CENTRAL FALLS</u>		State <u>RI</u>	Zip <u>02863</u>	City		State	Zip
Secretary Name			Treasurer Name				
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	PAR VALUE	
		<u>100</u>			

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.

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 <u>JOSE LIMA</u>		Date <u>5-26-17</u>
Signature of Authorized Representative 		

SIGN DOCUMENT HERE

FILED

MAY 26 2017

BY 416200838

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