	State of Rhode Island and Pro Office of the Secreta		ns Fee: \$50.0
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-304		
Limited Liability Co Annual Report Filing Period: September			
o file its annual report w	L. 7-16-66(d), each limited liability comp ithin thirty (30) days after the time presc a penalty fee of \$25.00.		
ANNUAL REPORT YEA	R : <u>2017</u>		
1. ID No. <u>0007966</u>	<u>539</u>		
2. Exact Name of the	Limited Liability Company <u>EAST B</u>	EACH PRODUCTIO	NS, LLC
3. State of Formation			
State: <u>RI</u>			
			the entity Devueleed
Enter the six digit NAIC	ARTICLE III S Code that best describes the primary lore information on <u>NAICS</u> can be found	-	the entity. Download
Enter the six digit NAIC the list of codes <u>here.</u> M <u>999999</u>	S Code that best describes the primary	online.	
Enter the six digit NAIC the list of codes <u>here.</u> M <u>999999</u> 4. Brief Description of	S Code that best describes the primary lore information on <u>NAICS</u> can be found	online.	
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Enter the six digit NAIC the list of codes <u>here.</u> M <u>999999</u> 4. Brief Description of <u>BOOKING AND LOC</u> 5. Principal Office Add No. and Street: <u>26</u> City or Town: <u>CI</u> 6. Mailing Address of Contact Name: <u>AMAN</u> No. and Street: <u>263</u> City or Town: <u>CH</u>	S Code that best describes the primary lore information on <u>NAICS</u> can be found the Character of the Business Which <u>GISTICS FOR LIVE EVENTS</u> dress <u>3 EAST BEACH ROAD</u> <u>HARLESTOWN</u> Sta Limited Liability Company and Name <u>NDA BACK</u> Contact Title: <u>OWNER</u> <u>3 EAST BEACH ROAD</u> <u>ARLESTOWN</u> Stat of Each Manager of the Limited Liab	te: <u>RI</u> Zip: <u>02813</u> or Title of Contact Pe ce: <u>RI</u> Zip: <u>02813</u>	d in Rhode Island Country: <u>USA</u> erson: Country: <u>USA</u>
Enter the six digit NAIC the list of codes <u>here.</u> M <u>999999</u> 4. Brief Description of <u>BOOKING AND LOC</u> 5. Principal Office Add No. and Street: <u>26</u> City or Town: <u>CI</u> 6. Mailing Address of Contact Name: <u>AMAN</u> No. and Street: <u>263</u> City or Town: <u>CH</u> 7. Name and Address	S Code that best describes the primary lore information on <u>NAICS</u> can be found the Character of the Business Which <u>GISTICS FOR LIVE EVENTS</u> dress <u>3 EAST BEACH ROAD</u> <u>HARLESTOWN</u> Sta Limited Liability Company and Name <u>NDA BACK</u> Contact Title: <u>OWNER</u> <u>3 EAST BEACH ROAD</u> <u>ARLESTOWN</u> Stat of Each Manager of the Limited Liab	te: <u>RI</u> Zip: <u>02813</u> or Title of Contact Pe ce: <u>RI</u> Zip: <u>02813</u>	d in Rhode Island Country: <u>USA</u> erson: Country: <u>USA</u> licable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

AMANDA BACK 263 EAST BEACH ROAD CHARLESTOWN, RI 02813

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of September, 2017 at 4:52:42 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By AMANDA BACK

Signature of Authorized Person

Form No. 632 Revised 09/07

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