



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. ID No. 001658675

2. Exact Name of the Limited Liability Company TTWN MEDIA NETWORKS, LLC

3. State of Formation

State: MD

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

334220

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE PURPOSES FOR WHICH THE CORPORATION IS FORMED ARE: (1) TO SUPPLY SERVICES TO THE BROADCAST INDUSTRY, AND TO ENGAGE IN ANY OTHER LAWFUL PURPOSE AND/OR BUSINESS. (2) TO PURCHASE, LEASE AND OTHERWISE ACQUIRE, HOLD, MORTGAGE, CONVEY AND OTHERWISE DISPOSE OF ALL KINDS OF PROPERTY, BOTH REAL AND PERSONAL, SOLELY OR IN PARTNERSHIP, BOTH IN THIS STATE AND IN ANY PART OF THE WORLD. (3) TO DO ANYTHING PERMITTED BY SECTION 2-103 OF THE CORPORATIONS AND ASSOCIATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND, AS AMENDED FROM TIME TO TIME.

5. Principal Office Address

No. and Street: 200 EAST BASSE RD., STE. 100

City or Town: SAN ANTONIO

State: TX Zip: 78209 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 200 E. BASSE ROAD, SUITE 100
City or Town: SAN ANTONIO

State: TX Zip: 78209 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 27 Day of September, 2017 at 3:02:33 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 KELLY LETTMANN
Signature of Authorized Person

Form No. 632
Revised 09/07