



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2017

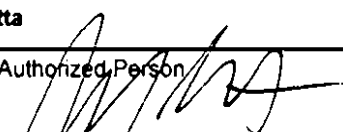
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FOR
MEMBERS OF STATE
ONLY

1. Entity ID Number 1662957		2. Exact name of the Limited Liability Company Givor Systems, LLC			
3. NAICS Code 512290		4. Brief description of the character of business conducted in Rhode Island Media Production			
5. State of Formation Rhode Island					
6. Principal Office Address 63 Taft Avenue		City Providence		State RI	Zip 02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Mark J. Scetta			Contact Title LLC Member		
Street Address 63 Taft Avenue			City Providence		State RI Zip 02906
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person Mark J. Scetta				Date 9/7/17	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services


148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

OCT 04 2017

BY 

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