RI SOS Filing Number: 201752920800 Date: 11/2/2017 4:00:00 PM

State of Rhode Islan Department of			es Division			
Annual Report for the Limited Liability Com → Filing period: Septemb → Filing Fee: \$50.00 → Penalty: Additional \$25	pany per 1 - Novemb	er 1	ember 1.			
1. Entity ID Number	1	2. Exact name of the Limited Liability Company				
124503	PlxOnTV,L	PixOnTV,LLC				
3. NAICS Code 54\6\8 5. State of Formation	•	4. Brief description of the character of business conducted in Rhode Island SOFTWARE DEVELOPMENT AND CONSULTING				
RHODE ISLAND						
6. Principal Office Address 62 ELDRIDGE AVENUE			City EAST GREENWICH	State RI	Zip 02818	
7. Mailing Address of Limited	Liability Compar	y and Name or Tit	le of Contact Person			
Contact Name CAYETANO SANCHEZ,III			Contact Title MANAGER			
Street Address 62 ELDRIDGE AVENUE			City EAST GREENWICH	State RI	^{Zip} 02818	
8. List ALL managers (name	s and addresses	of the Limited Lia	bility Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name CAYETANO SANCHEZ, III			Manager Name			
Street Address 62 ELDRIDGE AVENUE			Street Address			
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				heck the box to i	indicate an attachment	
9. Resident Agent in Rhode I	sland. This informa	ation is currently of re	ecord with the Department of State. C	hanges require filir	ng Form 642.	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

MAIL TO:

Division of Business Services

Name of Authorized Person

CAYETANO SANCHEZ, III

Signature of Authorized Person

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

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

Date

10/30/17

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FORM 632 - Revised: 08/2016