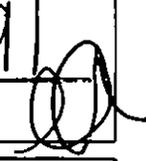


State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

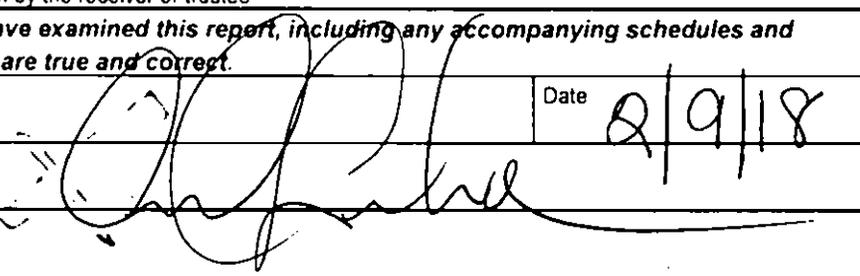
FILED

Annual Report for the year: 2018
 Corporation

FEB 20 2018

BY 3091 

- Filing period January 1 - March 1
- Filing Fee \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1

1 Entity ID Number 000958363		2. Exact name of the Corporation SPECTACULAR PRODUCTIONS, INC.			
3 Principal Office Address 3 BRIDAL AVE			City W WARWICK	State RI	Zip 02893
4 NAICS Code 713100		6. Brief description of the character of business conducted in Rhode Island AMUSEMENT SHOWS			
5 State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name ANTONIO A. LUIZINHO III			Vice-President Name		
Street Address P.O. BOX 3202			Street Address		
City NEW BEDFORD	State MA	Zip 02741	City	State	Zip
Secretary Name ANTONIO A. LUIZINHO III			Treasurer Name ANTONIO A. LUIZINHO III		
Street Address P O BOX 3202			Street Address P O BOX 3202		
City NEW BEDFORD	State MA	Zip 02741	City NEW BEDFORD	State MA	Zip 02741
8 List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name ANTONIO A. LUIZINHO III			Director Name		
Street Address P O BOX 3202			Street Address		
City NEW BEDFORD	State MA	Zip 02741	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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES 100		CLASS/SERIES CNP	PAR VALUE 0
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				Date 2/9/18	
Signature of Authorized Representative ANTONIO A. LUIZINHO III					

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