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

Annual Report for the year: 2018
Corporation

→ 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	2. Exact name of the Corporation			
5510	FANTASY SOUNDS UNLIMITED, INC.			
3. Principal Office Address		City	State	Zip
762 ATWOOD AVE		CRANSTON	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
711510	Professional Mobil Disc Jockey Services			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
DAVID NADEAU			LOUIS NADEAU JR.		
Street Address			Street Address		
110 NATICK AVE			110 NATICK AVE		
City	State	Zip	City	State	Zip
CRANSTON	RI	02921	CRANSTON	RI	02921
Secretary Name			**Treasurer Name**		
DAVID NADEAU			DAVID NADEAU		
Street Address			Street Address		
110 NATICK AVE			110 NATICK AVE		
City	State	Zip	City	State	Zip
CRANSTON	RI	02921	CRANSTON	RI	02921

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		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
DAVID NADEAU	12/30/17

Signature of Authorized Representative: David Nadeau

SIGN DOCUMENT IF

FILED
MAR 02 2018
BY 34060

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

FORM 630 - Revised: 10/2017