



State of Rhode Island and Providence Plantations

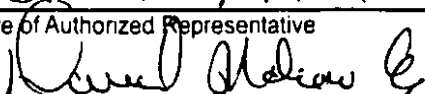
Department of State - Business Services Division

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 5510		2. Exact name of the Corporation FANTASY SOUNDS UNLIMITED, INC.			
3. Principal Office Address 762 ATWOOD AVE		City CRANSTON	State RI	Zip 02920	
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island 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 DAVID NADEAU			Vice-President Name LOUIS NADEAU JR.		
Street Address 110 NATICK AVE			Street Address 110 NATICK AVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name DAVID NADEAU			Treasurer Name DAVID NADEAU		
Street Address 110 NATICK AVE			Street Address 110 NATICK AVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIES	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 DAVID NADEAU					Date 12/30/17
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

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

MAR 02 2018

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FORM 630 - Revised: 10/2017