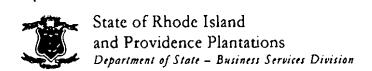
RI SOS Filing Number: 201877915480 Date: 9/20/2018 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2018

Filing Period: September 1 - November 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

83A Locust Avenue 7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Damon Laurito Street Address 8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST METERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Damon Laurito Street Address 83A Locust Avenue City North Providence RI State RI City North Providence RI State RI	543158	2. Exact name of the limited liability company Blindsided Entertainment, LLC			71	3. NAICS Code 711510	
83A Locust Avenue 7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Damon Laurito Street Address 8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MESTILL IN SPACES REFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Damon Laurito Street Address 83A Locust Avenue City North Providence RI Street Address Manager Name							
Contact Name Damon Laurito Street Address 83A Locust Avenue 8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME: FILL IN SPACES BEFORE USING ATTACHMENTS (*X** BOX FOR ATTACHMENT) Manager Name Damon Laurito Street Address 83A Locust Avenue City North Providence RI State Qip O2911 Manager Name Street Address	G. Principal office address 83A Locust Avenue			1 -	•	Zip 02911	
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME: FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) [] Manager Name Damon Laurito Street Address 83A Locust Avenue City State Zip City State RI North Providence RI Manager Name Manager Name Street Address Street Address Street Address Street Address Street Address	Contact Name		BILITY COMPANY AND	Contact Title	ERSON:		
Manager Name Damon Laurito Street Address 83A Locust Avenue City State RI 02911 Manager Name Manager Name Street Address Street Address State Name State State Name Street Address Street Address				1 2		Zip 02911	
83A Locust Avenue City State Zip City State Z North Providence RI 02911 Manager Name Street Address Street Address	FILL IN SPACES BEFORE USING ATT Manager Name Damon Laurito			TACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name			
North Providence RI 02911 Manager Name Manager Name Street Address Street Address		enue		Street Madress			
Street Address Street Address	•			City	State	Zip	
	Manager Name			Manager Name			
City State Zip City State Z	Street Address			Street Address			
	City	State	Zip	City	State	Zip	
 RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11Damon La 			<u>_</u>	<u> </u>			

SEP 2 0 2018

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	
Check No.	
Ву:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person Date

Damon Laurito, Manager

Print or Type Name of Authorized Person