RI SOS Filing Number: 201921298790 Date: 9/24/2019 2:37:00 PM

State of Rhode Island and Providence Plantations

Department	or State - Bu	siness Servi	ices Division		910
Annual Report for the Limited Liability Corner of Filing Period: Septer → Filing Fee: \$50.00 → Penalty: Additional \$100.0000000000000000000000000000000000	ompany ember 1 - Novem		ecember 1.	_	SEP 24 P 2: 3h
1. Entity ID Number	2. Exact na	ame of the Limite	d Liability Company		·
110,1200	5 10	DXIVO	LION LL	<u> </u>	
3 NAICS Code 512110 5. State of Formation	4. Brief de:	scription of the ch VIDEO F REPORTING	Practer of business conducted in Rh RODUCTION COMPA ON THE SPORT O	NY AND F BOXIA	NEWS VC.
6. Principal Office Address			City	State	Zip
1511 KENYO	N AVE		PAWTUCKET	RI	02861
7. Mailing Address of Limi		ny and Name or			1000001
Contact Name	MACKAY		Contact Title OW NER		
Street Address # // MAPLECPEST DR.			CITYPAWTUCKET	State	zip 02861
8. List ALL managers (na			Liability Company, IF APPLICABLE	DO NOT LIST	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name		· <u> </u>	Manager Name		
Street Address			Street Address		
City		-			
City	State	Zıp	City	State	Zip
					indicate an attachment
9. Resident Agent in Rhoo	de Island. This inform	nation is currently o	of record with the Department of State, C	hanges require filir	ng Farm 642.
statements, and that all	y, I declare and aff statements conta	irm that I have e ined herein are	examined this report, including an	y accompanyin	g schedules and
Name of Authorized Perso				Date	
1	DADVAV			1 41	2412019
L JOHN I	710471				
Signature of Authorized P	Person	25.00	gar Notation of the sea	-	

MAIL TO:

Division of Business Services

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

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

SEP 24 2019

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