



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

FILED

JAN 13 2020

1003

Annual Report for the year: **2019**
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 372239		2. Exact name of the Limited Liability Company TRIMOM PRODUCTIONS, LLC			
3. NAICS Code 999999		4. Brief description of the character of business conducted in Rhode Island TRIATHOLON PRODUCTION COMPANY			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 380 CAMP FULLER ROAD		City WAKEFIELD		State RI	Zip 02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name KATHERINE C. ROBBINS		Contact Title			
Street Address 380 CAMP FULLER ROAD		City WAKEFIELD		State RI	Zip 02879
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name KATHERINE C. ROBBINS		Manager Name			
Street Address 380 CAMP FULLER ROAD		Street Address			
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person KATHERINE C. ROBBINS				Date 1/4/2020	
Signature of Authorized Person <i>Katherine C. Robbins</i>				SIGN DOCUMENT HERE	

MAIL TO:

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