



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

**FILED**

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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 <b>372239</b>		2. Exact name of the Limited Liability Company <b>TRIMOM PRODUCTIONS, LLC</b>			
3. NAICS Code <b>999999</b>		4. Brief description of the character of business conducted in Rhode Island <b>TRIATHOLON PRODUCTION COMPANY</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>380 CAMP FULLER ROAD</b>		City <b>WAKEFIELD</b>		State <b>RI</b>	Zip <b>02879</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>KATHERINE C. ROBBINS</b>			Contact Title		
Street Address <b>380 CAMP FULLER ROAD</b>		City <b>WAKEFIELD</b>		State <b>RI</b>	Zip <b>02879</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>KATHERINE C. ROBBINS</b>			Manager Name		
Street Address <b>380 CAMP FULLER ROAD</b>			Street Address		
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 <b>KATHERINE C. ROBBINS</b>				Date <b>1/4/2020</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

**MAIL TO:**

Division of Business Services  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)