



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 137951		2. Exact name of the limited liability company MOTORSPORT PRODUCTIONS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Advertising on race cars	
5. Principal office address 39 LAUREL ROAD		City EXETER	State RI
		Zip 02822-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael Marfeo		Contact Title Member	
Street Address 39 Laurel Road		City Exeter	State RI
		Zip 02822	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name None		*Manager Name .	
Street Address		*Street Address .	
City	State	Zip	*City
			*State
			*Zip
..... Manager Name	 *Manager Name	
Street Address		*Street Address .	
City	State	Zip	*City
			*State
			*Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID DIPALMA, ESQ.		Address 138 WARREN AVENUE	
Address		City EAST PROVIDENCE	Zip 02914-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 3 7 9 5 1

137951 DLLC 10/11/05 11:43:47 AM

File Date 11/1/05

Check No. 5637

By: KML

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 _____
Michael Marfeo
Print or type Name of Authorized Person