	State of Rhode Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
(401) 222-3040			
(+01) 222 3040			
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
Filing Fellou. September 1 - November 1			
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.			
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>001706283</u>			
2. Exact Name of the Limited Liability Company Sport View Television, LLC			
3. State of Formation			
State: <u>MI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>334310</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
4. Bher Description of the Character of the Business which is Actually Conducted in Knode Island			
<u>A/V SYSTEMS INTEGRATOR</u>			
5. Principal Office Address			
No. and Street:7699 LOCHLIN DRIVECity or Town:BRIGHTONState: MIZip: 48116Country: USA			
State. IVII Zip. 40110 Country. USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: 7699 LOCHLIN DRIVE			
City or Town: BRIC	SHTON State:	<u>MI</u> Zip: <u>48116</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Add	ress
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
MANAGER	JOSHUA M. SHANAHAN	7699 LO BRIGHTON, M	CHLIN DRIVE /I 48116 USA
·			

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 29 Day of September, 2020 at 3:24:44 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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