RI SOS Filing Number: 202065374070 Date: 10/13/2020 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

OCT 1 3 2020 &

Annual Report for the year: 2020 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 000515379 | 2. Exact name of the Limited Liability Company SAVAGE ENTERTAINMENT, LLC | | | | | |
|--|--|---------------------|---|--------------------|------------------------|--|
| 3. NAICS Code 711410 | Brief description of the character of business conducted in Rhode Island PRODUCTION OF ALL FORM OF ENTERTAINMENT | | | | | |
| 5. State of Formation RHODE ISLAND | | | | | | |
| 6 Principal Office Address 365 CHARLES STREET | | | City PROVIDENCE | State RI | Zip 02904 | |
| 7 Mailing Address of Limited Lia | ability Compa | iny and Name or | Title of Contact Person | | | |
| Contact Name RICHARD V. SHAPPY | | | Contact Title PRESIDENT/MEMBER | | | |
| Street Address 365 CHARLES STREET | | | City PROVIDENCE | State RI | ^{Zip} 02904 | |
| 8. List ALL managers (names a | nd addresse: | s) of the Limited I | Liability Company, IF APPLICABL | E - DO NOT LIST | MEMBERS | |
| Manager Name | | | 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 | State | Zıp | City | State | Zıp | |
| | 1 | <u>_</u> | | Check the box to | indicate an attachment | |
| 9. The Resident Agent informati | on currently (| of record with the | RI Department of State is accura | ite Changes requir | e filing Form 642. | |
| Under penalty of perjury, I dec statements, and that all states | | | examined this report, including true and correct. | any accompanyin | ng schedules and | |
| Name of Authorized Person | | | | Date | Date : | |
| RICHARD V. SHAPPY | | | | /0- | 10-1-5050 | |
| Signature of Authorized Person | S | | | | | |

MAIL TO:

Division of Business Services

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

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