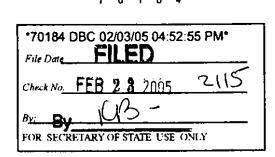
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

FORM MUST BE TYPED IN BL. I. Corporate ID No.	2. Name of Corpore				
70184		CTIONS, INC.	City	State	Zip
 Street Address Principal Busines SPRINGDALE DRIVE 	is Office		NORTH PROVIDENCE	RI	02904
1. Business Phone No. 4014532300		5. State of Incorporation RHODE ISLAND			6. SIC Code 9811
7. Brief Description of the Charact PERFORMANCE, PRODUCT:	•				
	ES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) TILL IN SPACES Vice President Name	BEFORE USING ATT	ACHMENTS
President Name Thomas Pasquarelli Street Address			Thomas Pasquarelli Street Address		
5 Springdale Drive			5 Springdale Drive		
Siny	State	Zip	City	State	Zip
North Providence Secretary Name	RI	02904	North Providence Treasurer Name	RI	02904
Thomas Pasquarelli			Thomas Pasquarelli		
Street Address			Street Address		
5 Springdale Drive			5 Springdale Drive		_
City	State	Zip	City	State	Zıp
North Providence	RI	02904	North Providence	RI	02904
Director Name	ES OF THE DIR	ECTORS ("X" BOX FOR A	TACHMENT) THE FILL IN SPACE Director Name	ES BEFORE USING AT	TACHMENTS
None					
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" BO)	X FOR ATTACHMENT,	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
			100	Common	No Pa

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

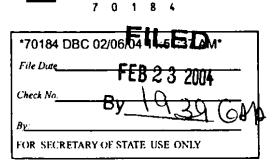


Under penalty of perjury, I declare and affirm that	I have examined
this report, including any accompanying schedules	
and that all statements contained herein are true ar	nd correct.
Suklall	2/.7/.4
Signature of Officer Date	
Thomas Pasquarelli	
Print or Type Name of Officer	
President	
Title of Officer	Form 630 12/01

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

2004

	LACK)				
. Corporate ID No. 70184	2. Name of Corpor TRP PRODU	ICTIONS, INC.			
Street Address Principal Busin			City	State	7.ip
5 SPRINGDALE DRIV	~		NORTH PROVIDENCE	RI	02904
Business Phone No.		5. State of Incorporation			6, SIC Code
4014532300		RHODE ISLAND			9811
Brief Description of the Chara					
	SES OF THE OFF	ICERS ("X" BOX FOR ATTA	ICHMENT) [] FILL IN SPACES	BEFORE USING AT	TACHMENTS
P <i>resident Name</i> Thomas Pasquarelli			<i>Vice President Nume</i> Thomas Pasquarelli		
inomas Pasquareili Treel Address	•		Street Address	•	
5 Springdale Drive			5 Springdale Drive	3	
	State	Zip	City	State	Zip
<i>Tiy</i> North Providence	RI	02904	North Providence	RI	02904
ecretury Name		02301	Treasurer Name		
Chomas Pasquarelli			Thomas Pasquarelli		
Street Address			Street Address		
				•	
5 Springdale Drive	•		5 Springdale Drive		
•	State	Zip	City	State	Zip
North Providence	State RI	02904	City North Providence	State RI	02904
City North Providence 9. NAMES AND ADDRESS Director Name	State RI	02904	City	State RI	02904
City North Providence 9. NAMES AND ADDRESS Director Name None	State RI	02904	City North Providence TACHMENT FILL IN SPACE	State RI	02904
City North Providence 9. NAMES AND ADDRESS Director Name None Street Address	State RI	02904	City North Providence TACHMENT FILL IN SPACE Director Name	State RI	02904
City North Providence 9. NAMES AND ADDRESS Director Name None Street Address	State RI SES OF THE DIR	02904 ECTORS <i>(*x* box for at</i>	City North Providence TACHMENT FILL IN SPACE Director Name Street Address	State RI ES BEFORE USING	02904 ATTACHMENTS
North Providence	State RI SES OF THE DIR	02904 ECTORS <i>(*x* box for at</i>	City North Providence TACHMENT) FILL IN SPACE Director Name Street Address City	State RI ES BEFORE USING	02904 ATTACHMENTS
City North Providence 9. NAMES AND ADDRESS Director Name None Street Address Director Name Director Name	State RI SES OF THE DIR	02904 ECTORS <i>(*x* box for at</i>	City North Providence TACHMENT FILL IN SPACE Director Name Street Address City Director Name	State RI ES BEFORE USING	02904 ATTACHMENTS
City North Providence 9. NAMES AND ADDRESS Director Name None Street Address City Director Name Street Address City 10. SHARES AUTHORIZE	State RI SES OF THE DIR State	02904 ECTORS (*X** BOX FOR AT Zip Zip	City North Providence TACHMENT) FILL IN SPACE Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED ("X" BC	State RI SES BEFORE USING State	02904 ATTACHMENTS Zip Zip
Tity Jorth Providence 9. NAMES AND ADDRESS Street or Name Street Address Street Address Street Address	State RI SES OF THE DIR State	02904 ECTORS (*X** BOX FOR AT Zip Zip	City North Providence TACHMENT FILL IN SPACE Director Name Street Address City Director Name Street Address City City City City City City City City City	State RI SES BEFORE USING State	02904 ATTACHMENTS Zip Zip



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. Thomas Pasquarelli Print or Type Name of Officer President Title of Officer Form 630 12/01



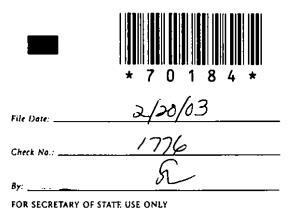
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT' CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

FORM MUST BE TYTED OR PRINTED	IN BLACK)				
I. Corporate ID No.	2. Name of Corporation				
70184	TRP PRODUCTIO	NS, INC.			
3. Street Address Principal Business Off 5 Springdale Drive		·	City North Providence	State RI	zıp 02904
1. Business Phone No.		5. State of incorporation			6. SIC Code
453–2300 7. Brief Description of the Character of	Business Conducted in Rho	RHODE ISLAND			9811
Performance, production Performance, production Performance, production President Name				DRE USING ATTACHMI	ENTS
Thomas Pasquarelli			Thomas Pasquare	11i	
5 Springdale Drive	State	Zip	5 Springdale Dr.	ive State	Zip
North Providence	RI	02904	North Providence	e RI	02904
Thomas Pasquarelli			Thomas Pasquare	11i	
5 Springdale Drive			5 Springdale Dr	ive	
City	State	Zip	City	State	Zip
North Providence	RI	02904	North Providence	e RI	02904
9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS ("X" BOX FOR ATTA		FORE USING ATTACH	MENTS
Director Name			Director Name		
None Street Address			Street Address		
prieer Mauress			30000 7444077		
City	State	Zip	City	State	Zip
Director Name		•	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACH!	AENT) .	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			100	Common	No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

Significant of Officer

Thomas Pasquarelli

Print or Type Name of Officer

President



Form 630 12/02



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORP	ORATION 1-March 1 •	ANNUAL REP	ORT FOR THE	YEAR 200	Z PLEA INSTR
FORM MUST BE TYPED IN BL					
. Corporate ID No.	2. Name of Corpora	ıtlon			
70184		JCTIONS, INC.			
Street Address Principal Business			City	State	Zip
5 Springdale Dr	ive		N. Providence	RI	02904
. Business Phone No.		5. State of Incorporation	1101144.00	•4	6. SIC Code
453-2300		RHODE ISLAND			9811
. Brief Description of the Characte	r of Rusiness Conducted				
		distribution of m	misic		
		ICERS ("X" BOX FOR ATTACH		FORE USING ATTACI	UMENTE
resident Name	3.3 07 1111, 011	ICERS (A DON FOR ATTACH.	Vice President Name	FORE USING ATTAC	HMEN 13
Thomas Pasquare	11i		Thomas Pasquare	11:	
treet Address	- · · -		Street Address	***	
5 Springdale Dr	ive		5 Springdale Dr	ive	
City	State	Zip	City	State	Zip
N. Providence	RI	02904	N. Providence	RI	02904
ecretary Name		• • •	Treasurer Name	••-	
Thomas Pasquare	11i		Thomas Pasquare	11:	
treet Address			Street Address		
5 Springdale Dr	ive		5 Springdale Dr	ive	
ity	State	Zip	<u>1</u> - J	_ State	Zip
N. Providence	RI	02904	N. Providence	RĪ	02904
). NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	. CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	
None Ireet Address			Street Address		
ity	State	Zip	City	State	Zip
litector Name	. ,		Director Name		
treet Address			Street Address		•
ity	State	Zip	City	State	ZIp
O. SHARES AUTHORIZE UTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
4,000 NO PAR VALUE			100	Common	No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Dale:	2.20-02	
Check No.:	1617	
Ву:	Ce	
	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 coppained herein are true and correct.

re of Officer Thomas Pasquarelli

Print or Type Name of Officer President

(FORM MUST BE TYPED IN BLACK)

70184

3. Street Address Principal Business Office 5. Springdale Drive

1. Carporate ID No.

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

RI

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

North Prov.

STOP
PLLASE READ
ENSTRUCTIONS

02904

Filing Period: January 1-March 1	•	Filing Fee: \$50.00	
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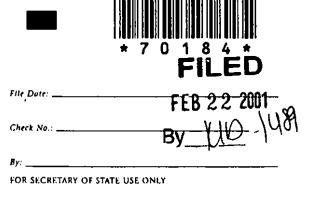
2. Name of Corporation

TRP PRODUCTIONS, INC.

1. Business Phone No. 453–2300		S. State of Incorporation RHODE ISLAND	•		6. SIC Code 9811
7. Brief Description of the Character of Performance, produc			ic		
B. NAMES AND ADDRESSI President Name Thomas Pasquarelli	ES OF THE OFFICE	RS (*x* box for attach	MENT) FILL IN SPACES E Vice President Name Thomas Pasquare	EFORE USING ATTACE	IMENTS
Street Address 5 Springdåle Drive			Street Address 5 Springdale Di	cive	
North Prov.	Stale RI	02904	North Prov.	State RI .	^{Zip} 02904
Secretary Name Thomas Pasquarelli			Thomas Pasquare	 elli	
Street Address 5 Springdale Drive			Street Address 5 Springdale Di	rive	
orth Prov.	State RI	02904.	North Prov.	State RI	02904
9. NAMES AND ADDRESSI	ES OF THE DIRECT	ORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	CHMENTS
None Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	•		Director Name	· .	r
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*)	X* BOX FOR ATTACHMENT)	ı
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR	VALUE		100	Common	No par
					٠

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer



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 Officer

Thomas Pasquarelli

Print or Type Name of Officer

President



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

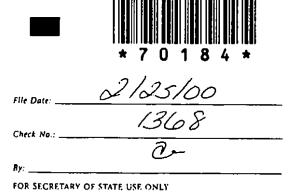
FORM	MIIST	RF	TYPED	IN	RIA	ar)
runm	ננטומה	20	11750	114	71.AL	. 6. /

1. Corporate ID No. 70184 2. Name of Corporation

TRP PRODUCTIONS, INC.

3. Street Address Principal Business Of			City	State	Zip
5 Springdale Drive			North Prov.	RI	02904
4. Business Phone No. 453-2300		5. State of Incorporation RHODE ISLAND			6. SIC Code 9811
7. Brief Description of the Character of Performance, produ	Business Conducted in Ction and d	n Rhode Island Listribution of mus	sic		
8. NAMES AND ADDRESSE President Name Thomas Pasquarelli					HMENTS
Street Address .		•	· Street Address		
5 Springdale Drive			5 Springdale I	Drive	
North Prov.	State RI	zip 02904	North Provider	nce; RI	02904
Secretary Name	,	••••	Treasurer Name	• • •	
Thomas Pasquarelli			Thomas Pasquare	elli	
5 Springdale Drive			5 Springdale D	rive	
North Prov.	State RI	02904	North Prov.	State RI	zip 02904
9. NAMES AND ADDRESSE Director Name None	S OF THE DIRE	CTORS ("X" BOX FOR ATTAC	· ·	S BEFORE USING ATTA	
NOLLE Street Address			Street Address		
			Stitte Addition		
City	State	Zip	City	State	Zip
Director Name		•	Director Name	••	
itreet Address		•	Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (*	X* BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	· Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR V	ALUE		100	Common	No par
•					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

Thomas Pasquarelli Print or Type Name of Officer

President

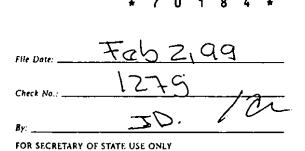




James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No.	ACK)				
70184	2. Name of Corpora TRP PROD	UCTIONS, INC.	•		-
3. Street Address Principal Busines.	s Office		City	State	Zip
5 Springdale Dr 1. Business Phone No.	rive	5. State of Incorporation	North Providence	RI	02904 6. SIC Code
453-2300 Brief Description of the Character of Business Conducted in Rhode Island				9811	
•	SSES OF THE OFF	distribution of mu CERS (*X* BOX FOR ATTACHM			CHMENTS
inen Address 5 Springdale Dr	rive	•	Street Address 5 Springdale Driv	ve	
City North Providence	State Ce RI	^{Zip} 02904	N. Prov.	State RI	02904
Secretary Name Thomas Pasquare	elli	 .	Treasurer Name Thomas Pasquarel	1 <u>i</u>	* * * * * * * * * * * * * * * * * * * *
5 Springdale Di	cive		Street Address 5 Springdale Dri		
North Providence	State Ce RI	^{7.ip} 02904	N. Prov.	State RI	02904
9. NAMES AND ADDRES Director Name None	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	- -	EFORE USING ATT	
Street Address					
sireet Address			Street Address		
	State	Zip	City	State	Zip
Gity	State	Zip		State	Zip
Director Name	State	Zip 	. City	Slate	Zip
City Director Name Street Address	State State	Zip Zip	City Director Name	State	Zip - Zip
City Director Name Street Address City 10. SHARES AUTHORIZI	State	Zip	City Director Name Street Address	State	ZIp.
City Director Name Street Address City 10. SHARES AUTHORIZI	State	Zip (ACHMENT)	Director Name Street Address City 11. SHARES ISSUED (*x* &	State	ZIp.



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Signature of Officer

Thomas Pasquarelli

Print or Type Name of Officer President



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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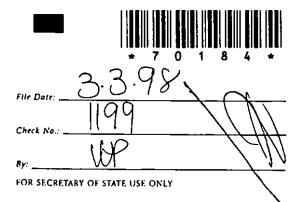
2. Name of Corporation

1. Corporate ID No.

70184 3. Street Address Principal Business Off	TRP PRODUCTI	ONS, INC.	City		State		Zip
5 Springdal 4. Business Phone No.	le Drive	S. State of Incorporation	North	Providenc	e	RI	02904 6. SIC Code
None availa 7. Brief Description of the Character of Performance, pr	Business Conducted in Rhod		n of mu	sic			9811
B. NAMES AND ADDRESSE							
Thomas Pasquare	11i		Thoma Street Address	s Pasquar	elli		
5 Springdale Dr North Providenc	State	^{Zip} 02904	City	ingdale D Providen	State	RI	02904
Secretary Name Thomas Pasquare	elli		Treasurer Name Thoma	s Pasquar	elli		
Street Address 5 Springdale Dr	ive		Street Address 5 Spr	ingdale D	rive		
No. Prov.	State RI	02904	No. P	rov.	State RI		02904
9. NAMES AND ADDRESSES Director Name	S OF THE DIRECTO	RS ("X" BOX FOR ATTACE	IMENT) Director Name				
None Street Address			Street Address				
City	State	Zip	City		State		Zip
Director Name		·	Director Name		÷		·
itreet Address			Street Address				
City	State	Zip	City		State		Zip
10. SHARES AUTHORIZED (NUTHORIZED SHARES	"X" BOX FOR ATTACHM	ENT)	11. SHARES	S ISSUED (*x* BO	X FOR ATT	FACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Share	es	Class/Serie		Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

100



4,000 SHS NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contains herein are true and correct.

Common

No par

Mars by Mr. 3121

Signature of Officer Date

Thomas Pasquarelli

Print or Type Name of Officer

President



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

iling	Period:	January	I-March 1	•	Filing	Fee: \$	50.00
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(FORM	MUST	RF	TYPED	IN	BLA	(CK)

1. Corporate ID No.

Number of Shares

4,000 SHS NO PAR VALUE

2. Name of Corporation

/0184		DUCTIONS, INC.			
l. Street Address Principal Business	Office		City	State	Zip
5 Springdale Dri	.ve	5. State of Incorporation	No. Provide	ence RI	02904 6. SIG Code
None Available T. Brief Description of the Characte.	r of Business Conducte	RHODE ISLAN	ID		9811
, .		distribution of a			
President Name			Vice President Name		
Thomas Pasquarel	.li		Thomas Pass	quarelli	
5 Springdale Dri	.Ve State	Zip	5 Springda	le Drive	Zip
No. Providence	RI	02904	No. Provid	ence RI	02904
Thomas Pasquarel	lli		Thomas Pass	quarelli	
5 Springdale Dri	lve		5 Springda	le Drive	
Tity	State	Zip	City	State	Zip
No. Prov.	RI	02904	No. Prov.	RI	02904
9. NAMES AND ADDRES	SES OF THE DI	RECTORS ("X" BOX FOR AT	TACHMENT)		
Director Name			Director Name		
NONE					
Street Address			Street Address		
Dity	State	Zip	City	State	ZIP
Director Name			Director Name		
Street Address			Street Address		
Sity	State	Zip	City	State	Zip
IO. SHARES AUTHORIZE	ED AND ISSUED) (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

100

	* 7 0 1 8 4 *
File Date:	2/6/97
Check No.:	1/37
By:FOR SECRETARY	OF STATE USE ONLY

Class/Series

Par Value

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all satements contained herein are true and correct.

Class/Series

Common

Par Value

NO PAR

Signature of Officer angmuture of Officer
Thomas Pasquarelli

President Title of Officer

Print or Type Name of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations

James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

TO 184 TO 184 STREET ADDRESS PRINCIPAL BUSINESS OF RO S Springdale USINESS PRONE NO.	,	DUCTIONS, INC.						
STREET ADDRESS PRINCIPAL BUSINESS OFFICE 5 Springdale USINESS PRONEWO.	,	DUCTIONS, INC.						
5 Springdale	•		· Qiy	STATE	1 2P C00€			
USINESS PHONE NO.	DIIVE							
	;	5. STATE OF INCORPORATION	North Provide	ence RI	i 02904			
None availabl		RHODE IS	SLAND		9811			
HIEF DESCRIPTION OF THE CHARACTER OF BU	SINESS CONTOUCTED IN ANODE IS U	NO.						
Performance,	production	and distrib	ution of music	•				
SOENTHAME Thomas Pasqua	8. NAM		ESSES OF THE OF	-· · -				
5 Springdale			SIRLI ADDRESS 5 Springdale	Drive				
North Prov.	RI	02904	North Prov.	STATE	2₽ 000€ 02904			
RTANTHANE Thomas Pasquare LETADORESS	lli		Thomas Pasquar	Thomas Pasquarelli				
5 Springdale Dr			5 Springdale					
North Prov.	SIATE	02904	North Prov.	STATE	02904			
ECTOR NAME	9. NAM	ES AND ADDR	ESSES OF THE DI	RECTORS				
ELI ALUAÇOS			STREET ADDRESS					
Y	STATE	21º C000E	ary	STATE	ZIP COOE			
ECTOR HAME			DAECTOR NAME					
TEET ADDRESS			STREET ADDRESS					
γ	STATE	ZIP CODE	ατγ	STATE	ZIP 000€			
	<u> </u>		. (
	1 0 . S H	ARES AUTHOR	IZED AND ISSUED	ISSUED SHARES				
MUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERTES	PAR VALUE			
4,000 SHS NO	PAR VALUE		100	Common	No par			
	 		_1	<u></u>	<u> </u>			
	This	report must be SIG	INED IN INK by either the	2				
Presid			tant Secretary, Treasurer,		÷			

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 Officer

Title of Officer

THOMAS PASQUARELLI

Print or Type Name of Officer

1/18/96 PRESIDENT

For Secretary of State Use On

File Date:

Check No:

Ву:

Date

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	070184 		Annual Report for the year:			
	TRP PROD	UCTIONS, INC	•	, y 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Business entity organized For foreign entity, address	under the laws of the State o and telephone number of pr	f: RI incipal office:	Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1) Brief statement of the character of business conducted in Rhode Island:			
Phone: () Address and telephone of Island (Provide street address Springdale	the principal office of busine ess - Not P.O. Box): Drive nce, RI 02904	ss entity in Rhode				
Phone: () Non	e available					
	·	THE NAMES OF	THE OFFICERS ARE	:		
PRESIDENT Thomas Pasqua	relli	STREET	ADDRESS	CITYSTATE 1 Providence, RI 029	21P CODE	
Thomas Pasqua	relli		ADDRESS	CITY/STATE	ZIP CODE	
SECRETARY Thomas Pasqua	— relli	STREET 10	ADDRESS	CITY/STATE:	ZIP CODE	
TREASURER Thomas Pasqua:	relli	STREET	ADDRESS	CITY/STATE	ZIP CODE	
		THE NAMES OF	THE DIRECTORS ARI			
SAME	·		ADDRESS	CITY/STATE	ZIP CODE	
None NAME		STREET	ADDRESS	CITY/STATE	ZIP CODE	
NAME		STREET	ADDRESS	CITY/STATE	ZIP CODE:	
NUMBER OF SHARES AL	THORIZED (Rider may be at	tached)	NUMBER OF SHARES	ISSUED AND OUTSTANDING (Rider m	nay be attached)	
Number of Shares	Class / Series	<u> </u>	Number of Shares	Class / Series		
4,000	Common no		100	Common no par		
Date Juneary			Thomas Pasqua	relli		
Form 31 1/95		PRINE C	OF OFFICER SIGNING	·		
	DESIGNATI	D REGISTERED A	AGENT FOR SERVICE	OF PROCESS:		

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

BENJAMIN M. SCUNGIO 50 HOLDEN STREET, SUITE 150 PROVIDENCE RI 02906 FILED

JAN 1 B 1995

By 1057

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP. Jun. 1 - Murch 1 State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	0070184	An:	nual Report for the y	year:	1994	
Name of Business Entit	y:		RP PRODUCTI	ONS, INC:		<u>-</u>
Federal Taxpayer Identifica	under the laws of the State of: Batton Number:		[] Profession [] Limited Name, title and mailing communications may	Corporation (See onal Service Corporation Liability Company ing address of con- y be directed:	RIGL Chapter 7-1.1) pration (See RIGL Cha y (See RIGL 7-16) tact person to whom	•
Island (Provide street address 5 Springda North Prov			Performan distribut Date of Organization	ale Road vidence, character of busi ce, produ ion_of_mu Novem	RI 02904 iness conducted in Rho	
Thomas Pas CHIEF THAMES PAS THOMAS PAS NAME NONE	Squarelli 5 Sprin	STREET ADDRESS agdale Driv STREET ADDRESS agdale Driv STREET ADDRESS angdale Driv STREET ADDRESS agdale Driv	e, North Processing, North Processing, North Rections are	Ovidence, CHARLE Providence CHARLE Ovidence,	RI 02904 e, RI 02904	ZIPCODE ZIPCODE ZIPCODE ZIPCODE ZIPCODE
SAME.		STREET ADDRES		CHARTAIT		7IP CODE
NUMBER OF SHARES NUMBER CLASS SERIES PAR VALUE OR WITHOUT PAR	AUTHORIZED (If Applicable) 4,000 Common No Par	N C S	UMBER OF SHARES UMBER LASS ERIES AR VALUE OR //THOUT PAR	100 Common	FEB 2 5 1994	4
Date February	11- 19 94 DESIGNATED REGISTERE	हमार्था वस्तरात्तः Pres Thteorofika			OCESS:	

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 5 or Form LUC 3 must be filled.

State of Rhode Island and Providence Plantations

	100 NOI PROVIDENCI	RTH MAIN STREET E. RHODE ISLAND 02903	1004
Corporate ID	%7018 4	Annual Report for th	e year 1993
FIRST: The name	e of the corporation is	TRP PRODUCTIONS,	INC.
SECOND: It is inc	corporated under the laws of	Phodo Island	
THIRD: Characte	r of business, briefly stated, is music.	s performance, production	n and distribution of
FOURTH: If foreig	gn corporation, address of its	principal office	
FIFTH: Business a	ddress in Rhode Island	50 Holden Street Suite 15	00 Providence, RI 02908
Sixth: Names an	d addresses of its directors a		(Attach rider if necessary
	Director		
••••	Director		
	Director		
Thomas Pasquarel		50 Holdon Ct. Chita	·
Thomas Pasquarel	1:	50 Holden St. Suite	130, Prov., Rt 02908
Thomas Pasquarel	li	dent	
Thomas Pasquarel	Secretary		•••••••••••••••••••••••••••••••••••••••
	Treasurer		······································
SEVENTH: Numbe	r of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
4,000	Common	PAID	No par
		FEB 2 6 199	33
Еібнтн: Number	of Shares issued:	SEC'Y OF STA	Par Value
No. of Shares	Class	Series	shares are without par value
100	Common		No par
Dated February 25,	19 93	TRP PRODUCTION	NS, INC.
		(Name of Corporation) By Clima R By	i an Hi
(Report must be	signed by an officer	President	*************************************