



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 70184 2. Name of Corporation TRP PRODUCTIONS, INC.

3. Street Address Principal Business Office
5 SPRINGDALE DRIVE

City State Zip
NORTH PROVIDENCE RI 02904

4. Business Phone No.
4014532300

5. State of Incorporation
RHODE ISLAND

6. SIC Code
9811

7. Brief Description of the Character of Business Conducted in Rhode Island
PERFORMANCE, PRODUCTION AND DISTRIBUTION OF MUSIC.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Thomas Pasquarelli

Street Address

5 Springdale Drive

City State Zip
North Providence RI 02904

Secretary Name

Thomas Pasquarelli

Street Address

5 Springdale Drive

City State Zip
North Providence RI 02904

Vice President Name

Thomas Pasquarelli

Street Address

5 Springdale Drive

City State Zip
North Providence RI 02904

Treasurer Name

Thomas Pasquarelli

Street Address

5 Springdale Drive

City State Zip
North Providence RI 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

4,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares Class/Series 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



7 0 1 8 4

70184 DBC 02/03/05 04:52:55 PM

File Date

FILED

Check No.

FEB 23 2005

2115

By

UB -

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 Officer

Date

Thomas Pasquarelli

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation
70184 TRP PRODUCTIONS, INC.

3. Street Address Principal Business Office City State Zip
5 SPRINGDALE DRIVE NORTH PROVIDENCE RI 02904

4. Business Phone No. 5. State of Incorporation 6. SIC Code
4014532300 RHODE ISLAND 9811

7. Brief Description of the Character of Business Conducted in Rhode Island
PERFORMANCE, PRODUCTION AND DISTRIBUTION OF MUSIC.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|---------------------------|---------------------------|
| President Name | Vice President Name |
| Thomas Pasquarelli | Thomas Pasquarelli |
| Street Address | Street Address |
| 5 Springdale Drive | 5 Springdale Drive |
| City State Zip | City State Zip |
| North Providence RI 02904 | North Providence RI 02904 |

| | |
|---------------------------|---------------------------|
| Secretary Name | Treasurer Name |
| Thomas Pasquarelli | Thomas Pasquarelli |
| Street Address | Street Address |
| 5 Springdale Drive | 5 Springdale Drive |
| City State Zip | City State Zip |
| North Providence RI 02904 | North Providence RI 02904 |

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|----------------|----------------|
| Director Name | Director Name |
| None | |
| Street Address | Street Address |
| | |
| City State Zip | City State Zip |

| | |
|----------------|----------------|
| Director Name | Director Name |
| | |
| Street Address | Street Address |
| | |
| City State Zip | City State Zip |

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

| AUTHORIZED SHARES | | |
|-------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value |
| 4,000 | NO PAR VALUE | |

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

| ISSUED SHARES | | |
|------------------|--------------|-----------|
| Number of Shares | Class/Series | 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



7 0 1 8 4

FILED
70184 DBC 02/06/04 11:53 AM
File Date FEB 23 2004
Check No. By 1939 GMP
By:
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 Officer Thomas Pasquarelli Date 2/18/04
Print or Type Name of Officer
President
Title of Officer
Form 630 12/01



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

70184

TRP PRODUCTIONS, INC.

3. Street Address Principal Business Office

5 Springdale Drive

City

North Providence

State

RI

Zip

02904

4. Business Phone No.

453-2300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9811

7. Brief Description of the Character of Business Conducted in Rhode Island

Performance, production and distribution of music

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Thomas Pasquarelli

Street Address

5 Springdale Drive

City

State

RI

Zip

02904

Secretary Name

Thomas Pasquarelli

Street Address

5 Springdale Drive

City

State

RI

Zip

02904

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



* 7 0 1 8 4 *

File Date: 2/20/03

Check No.: 1776

By: [Signature]

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] 2/14/03
Signature of Officer Date

Thomas Pasquarelli

Print or Type Name of Officer

President

Title of Officer



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

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 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70184**
2. Name of Corporation **TRP PRODUCTIONS, INC.**
3. Street Address Principal Business Office
5 Springdale Drive
4. Business Phone No. **453-2300**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Performance, production and distribution of music

City **N. Providence** State **RI** Zip **02904**
6. SIC Code **9811**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Thomas Pasquarelli**
Street Address
5 Springdale Drive
City **N. Providence** State **RI** Zip **02904**

Vice President Name **Thomas Pasquarelli**
Street Address
5 Springdale Drive
City **N. Providence** State **RI** Zip **02904**

Secretary Name **Thomas Pasquarelli**
Street Address
5 Springdale Drive
City **N. Providence** State **RI** Zip **02904**

Treasurer Name **Thomas Pasquarelli**
Street Address
5 Springdale Drive
City **N. Providence** State **RI** Zip **02904**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **None**
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares **4,000 NO PAR VALUE** Class/Series Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares **100** Class/Series **Common** Par Value **No par**

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



* 7 0 1 8 4 *

File Date: **2-20-02**

Check No.: **1617**

By: **[Signature]**

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] **02/14/02**
Signature of Officer Date
Thomas Pasquarelli

Print or Type Name of Officer

President

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

70184

2. Name of Corporation

TRP PRODUCTIONS, INC.

3. Street Address Principal Business Office

5 Springdale Drive

City

North Prov.

State

RI

Zip

02904

4. Business Phone No.

453-2300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9811

7. Brief Description of the Character of Business Conducted in Rhode Island

Performance, production and distribution of music

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Thomas Pasquarelli

Vice President Name

Thomas Pasquarelli

Street Address

5 Springdale Drive

Street Address

5 Springdale Drive

City

North Prov.

State

RI

Zip

02904

City

North Prov.

State

RI

Zip

02904

Secretary Name

Thomas Pasquarelli

Treasurer Name

Thomas Pasquarelli

Street Address

5 Springdale Drive

Street Address

5 Springdale Drive

City

North Prov.

State

RI

Zip

02904

City

North Prov.

State

RI

Zip

02904

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



* 7 0 1 8 4 *

FILED

File Date: FEB 22 2001

Check No.: By 110-148

By: _____

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 Officer Thomas Pasquarelli Date 2/16/01

Print or Type Name of Officer
President

Title of Officer



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

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 MUST BE TYPED IN BLACK)

1. Corporate ID No. **70184** 2. Name of Corporation **TRP PRODUCTIONS, INC.**

3. Street Address Principal Business Office
5 Springdale Drive

City **North Prov.** State **RI** Zip **02904**

4. Business Phone No.
453-2300

5. State of Incorporation
RHODE ISLAND

6. SIC Code
9811

7. Brief Description of the Character of Business Conducted in Rhode Island
Performance, production and distribution of music

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
Thomas Pasquarelli

Vice President Name
Thomas Pasquarelli

Street Address
5 Springdale Drive

Street Address
5 Springdale Drive

City **North Prov.** State **RI** Zip **02904**

City **North Providence** State **RI** Zip **02904**

Secretary Name
Thomas Pasquarelli

Treasurer Name
Thomas Pasquarelli

Street Address
5 Springdale Drive

Street Address
5 Springdale Drive

City **North Prov.** State **RI** Zip **02904**

City **North Prov.** State **RI** Zip **02904**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
None

Director Name

Street Address

Street Address

City State Zip

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

4,000 SHS NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series 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



* 7 0 1 8 4 *

File Date: 2/25/00

Check No.: 1368

By: [Signature]

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 Officer [Signature] Date 2/15/2000

Thomas Pasquarelli

Print or Type Name of Officer

President

Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **70184** 2. Name of Corporation **TRP PRODUCTIONS, INC.**

3. Street Address Principal Business Office

5 Springdale Drive

City

North Providence

State

RI

Zip

02904

4. Business Phone No.

453-2300

5. State of Incorporation
RHODE ISLAND

6. SIC Code
9811

7. Brief Description of the Character of Business Conducted in Rhode Island

Performance, production and distribution of music

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Thomas Pasquarelli

Vice President Name

Thomas Pasquarelli

Street Address

5 Springdale Drive

Street Address

5 Springdale Drive

City State Zip
North Providence RI 02904

City State Zip
N. Prov. RI 02904

Secretary Name

Thomas Pasquarelli

Treasurer Name

Thomas Pasquarelli

Street Address

5 Springdale Drive

Street Address

5 Springdale Drive

City State Zip
North Providence RI 02904

City State Zip
N. Prov. RI 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Director Name

Street Address

Street Address

City State Zip

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

4,000 SHS NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series 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



* 7 0 1 8 4 *

File Date: Feb 2, 99

Check No.: 1275

By: JD. / [Signature]

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] 2/1/99
Signature of Officer Date

Thomas Pasquarelli

Print or Type Name of Officer

President

Title of Officer



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

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

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

| | | | |
|---|--------------|---------------------------|--------------|
| 1. Corporate ID No. | | 2. Name of Corporation | |
| 70184 | | TRP PRODUCTIONS, INC. | |
| 3. Street Address Principal Business Office | | City | State |
| 5 Springdale Drive | | North Providence | RI |
| 4. Business Phone No. | | Zip | 02904 |
| None available | | 5. State of Incorporation | 6. SIC Code |
| RHODE ISLAND | | | 9811 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island | | | |
| Performance, production and distribution of music | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) | | | |
| President Name | | Vice President Name | |
| Thomas Pasquarelli | | Thomas Pasquarelli | |
| Street Address | | Street Address | |
| 5 Springdale Drive | | 5 Springdale Drive | |
| City | State | City | State |
| North Providence | RI | North Providence | RI |
| Zip | 02904 | Zip | 02904 |
| Secretary Name | | Treasurer Name | |
| Thomas Pasquarelli | | Thomas Pasquarelli | |
| Street Address | | Street Address | |
| 5 Springdale Drive | | 5 Springdale Drive | |
| City | State | City | State |
| No. Prov. | RI | No. Prov. | RI |
| Zip | 02904 | Zip | 02904 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) | | | |
| Director Name | | Director Name | |
| None | | | |
| Street Address | | Street Address | |
| | | | |
| City | State | City | State |
| | | | |
| Director Name | | Director Name | |
| | | | |
| Street Address | | Street Address | |
| | | | |
| City | State | City | State |
| | | | |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) | | | |
| 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) | | | |
| AUTHORIZED SHARES | | ISSUED SHARES | |
| Number of Shares | Class/Series | Number of Shares | Class/Series |
| 4,000 SHS NO PAR VALUE | | 100 | Common |
| | Par Value | | No par |

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



* 7 0 1 8 4 *

File Date: 3.3.98
Check No.: 1199
By: WP

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 Officer: Thomas Pasquarelli
Date: 3/2/98
Print or Type Name of Officer: Thomas Pasquarelli
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

70184

2. Name of Corporation

TRP PRODUCTIONS, INC.

3. Street Address Principal Business Office

5 Springdale Drive

City

No. Providence

State

RI

Zip

02904

4. Business Phone No.

None Available

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9811

7. Brief Description of the Character of Business Conducted in Rhode Island

Performance, production and distribution of music

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Thomas Pasquarelli

Street Address

5 Springdale Drive

City

No. Providence

State

RI

Zip

02904

Secretary Name

Thomas Pasquarelli

Street Address

5 Springdale Drive

City

No. Prov.

State

RI

Zip

02904

Vice President Name

Thomas Pasquarelli

Street Address

5 Springdale Drive

City

No. Providence

State

RI

Zip

02904

Treasurer Name

Thomas Pasquarelli

Street Address

5 Springdale Drive

City

No. Prov.

State

RI

Zip

02904

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

NONE

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 SHS NO PAR VALUE

ISSUED SHARES

Number of Shares

Class/Series

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 Date: 2/6/97

Check No.: 1137

By: [Signature]

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] 2/5/97

Signature of Officer

Thomas Pasquarelli

Print or Type Name of Officer

President

Title 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

PLEASE TYPE OR PRINT IN BLACK INK.

| | | | |
|---|--|--|-------------------|
| 1. CORPORATE ID NO. 70184 | | 2. NAME OF CORPORATION TRP PRODUCTIONS, INC. | |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 5 Springdale Drive | | CITY North Providence | STATE RI |
| 4. BUSINESS PHONE NO. None available | | 5. STATE OF INCORPORATION RHODE ISLAND | ZIP CODE 02904 |
| 6. SIC CODE 9811 | | 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Performance, production and distribution of music | |

| 8. NAMES AND ADDRESSES OF THE OFFICERS | | | | | |
|--|-------------|-------------------|---|-------------|-------------------|
| PRESIDENT NAME Thomas Pasquarelli | | | VICE PRESIDENT NAME Thomas Pasquarelli | | |
| STREET ADDRESS 5 Springdale Drive | | | STREET ADDRESS 5 Springdale Drive | | |
| CITY North Prov. | STATE RI | ZIP CODE 02904 | CITY North Prov. | STATE RI | ZIP CODE 02904 |
| SECRETARY NAME Thomas Pasquarelli | | | TREASURER NAME Thomas Pasquarelli | | |
| STREET ADDRESS 5 Springdale Drive | | | STREET ADDRESS 5 Springdale Drive | | |
| CITY North Prov. | STATE RI | ZIP CODE 02904 | CITY North Prov. | STATE RI | ZIP CODE 02904 |

| 9. NAMES AND ADDRESSES OF THE DIRECTORS | | | | | |
|---|-------|----------|----------------|-------|----------|
| DIRECTOR NAME None | | | DIRECTOR NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| DIRECTOR NAME | | | DIRECTOR NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |

| 10. SHARES AUTHORIZED AND ISSUED | | | | |
|----------------------------------|----------------|-----------|------------------|-----------|
| AUTHORIZED SHARES | | | ISSUED SHARES | |
| NUMBER OF SHARES | CLASS / SERIES | PAR VALUE | NUMBER OF SHARES | PAR VALUE |
| 4,000 SHS NO PAR VALUE | | | 100 | 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.

File Date: 1/28/96
Check No: 1092
By: [Signature]
For Secretary of State Use Only

[Signature]
Signature of Officer
THOMAS PASQUARELLI

Print or Type Name of Officer

PRESIDENT

1/18/96

Title of Officer

Date

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: 0070184

1995

Corporate ID: _____ Annual Report for the year: _____

TRP PRODUCTIONS, INC.

Name of Corporation: _____

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____

Brief statement of the character of business conducted in Rhode Island:

performance, production and distribution of music

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

5 Springdale Drive
North Providence, RI 02904

Phone: () None available

THE NAMES OF THE OFFICERS ARE:

| PRESIDENT | STREET ADDRESS | CITY/STATE | ZIP CODE |
|--------------------|--|------------|----------|
| Thomas Pasquarelli | 5 Springdale Drive, North Providence, RI 02904 | | |

| VICE PRESIDENT | STREET ADDRESS | CITY/STATE | ZIP CODE |
|--------------------|----------------|------------|----------|
| Thomas Pasquarelli | " | | |

| SECRETARY | STREET ADDRESS | CITY/STATE | ZIP CODE |
|--------------------|----------------|------------|----------|
| Thomas Pasquarelli | " | | |

| TREASURER | STREET ADDRESS | CITY/STATE | ZIP CODE |
|--------------------|----------------|------------|----------|
| Thomas Pasquarelli | " | | |

THE NAMES OF THE DIRECTORS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
| None | | | |

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
| | | | |

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
| | | | |

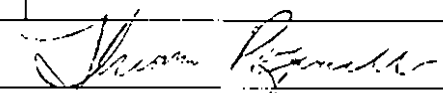
NUMBER OF SHARES AUTHORIZED (Rider may be attached)

| Number of Shares | Class / Series |
|------------------|----------------|
| 4,000 | Common no par |

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

| Number of Shares | Class / Series |
|------------------|----------------|
| 100 | Common no par |

Date January 13 19 95

By: 

Thomas Pasquarelli
President

TITLE OF OFFICER SIGNING

Form 31 1/95

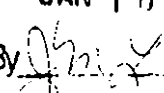
DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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 02908

FILED

JAN 18 1995

By: 
1057

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT
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

File Annually
LLC: Sept. 1 - Nov. 1
CORP. Jan. 1 - March 1

Corporate ID: 0070164 Annual Report for the year: 1994

Name of Business Entity: TRP PRODUCTIONS, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

5 Springdale Drive
North Providence, RI 02904

Phone: () None Available

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Thomas Pasquarelli, President
c/o TRP PRODUCTIONS, INC.
5 Springdale Road
North Providence, RI 02904

Brief statement of the character of business conducted in Rhode Island.

Performance, production and
distribution of music

Date of Organization: November 2, 1992

Date of Qualification to do business in Rhode Island (if foreign entity).

THE NAMES OF THE OFFICERS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|--|--|------------|----------|
| <input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) | | | |
| Thomas Pasquarelli | 5 Springdale Drive, North Providence, RI | 02904 | |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) | | | |
| Thomas Pasquarelli | 5 Springdale Drive, North Providence, RI | 02904 | |
| <input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) | | | |
| Thomas Pasquarelli | 5 Springdale Drive, North Providence, RI | 02904 | |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) | | | |
| Thomas Pasquarelli | 5 Springdale Drive, North Providence, RI | 02904 | |

THE NAMES OF THE DIRECTORS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
| NONE | | | |
| | | | |
| | | | |

| NUMBER OF SHARES AUTHORIZED (If Applicable) | | NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) | |
|---|--------|---|--------|
| NUMBER | 4,000 | NUMBER | 100 |
| CLASS | Common | CLASS | Common |
| SERIES | | SERIES | |
| PAR VALUE OR WITHOUT PAR | No Par | PAR VALUE OR WITHOUT PAR | No Par |

Date February 15, 19 94 By: Thomas R. Pasquarelli

Thomas Pasquarelli
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

BENJAMIN M. SCUNGIO
50 HOLDEN STREET, SUITE 150
PROVIDENCE RI 02908

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

PLP
1004V

Corporate ID 0070184

Annual Report for the year 1993

FIRST: The name of the corporation is TRP PRODUCTIONS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is performance, production and distribution of music.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 50 Holden Street Suite 150 Providence, RI 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name | Office | Address (including number, street, zip code) |
|--------------------|----------------|--|
| | Director | |
| | Director | |
| | Director | |
| Thomas Pasquarelli | President | 50 Holden St. Suite 150, Prov., RI 02908 |
| Thomas Pasquarelli | Vice President | " |
| Thomas Pasquarelli | Secretary | " |
| Thomas Pasquarelli | Treasurer | " |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 4,000 | Common | | No par |

PAID

FEB 26 1993

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 100 | Common | | No par |

TRP PRODUCTIONS, INC.

Dated February 25, 1993

(Name of Corporation)

By

Thomas R. Pasquarelli

Title

President

(Report must be signed by an officer)