



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000043673		2. Exact name of the Corporation LAGNIAPPE PRODUCTIONS INC	
3. Principal Office Address 51 WHITE OAK COURT		City WAKEFIELD	State RI
4. NAICS Code 711310		6. Brief description of the character of business conducted in Rhode Island ENTERTAINMENT COMPANY THAT PRODUCES MUSIC FESTIVALS	
5. State of Incorporation RHODE ISLAND		Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CHARLES E WENTWORTH JR		Vice-President Name DEBRA L WENTWORTH	
Street Address 51 WHITE OAK COURT		Street Address 51 WHITE OAK COURT	
City WAKEFIELD	State RI	City WAKEFIELD	State RI
Zip 02879		Zip 02879	
Secretary Name DEBRA L WENTWORTH		Treasurer Name CHARLES E WENTWORTH JR	
Street Address 51 WHITE OAK COURT		Street Address 51 WHITE OAK COURT	
City WAKEFIELD	State RI	City WAKEFIELD	State RI
Zip 02879		Zip 02879	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name CHARLES E WENTWORTH JR		Director Name NONE	
Street Address 51 WHITE OAK COURT		Street Address	
City WAKEFIELD	State RI	City	State
Zip 02879		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES A A 9 H 9
			PAR VALUE \$ 0
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.			
Name of Authorized Representative CHARLES E WENTWORTH JR		Date 11/17/2020	
Signature of Authorized Representative <i>Charles E Wentworth Jr</i>			

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BY *[Signature]* 10:44