



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 <b>000043673</b>		2. Exact name of the Corporation <b>LAGNIAPPE PRODUCTIONS INC</b>	
3. Principal Office Address <b>51 WHITE OAK COURT</b>		City <b>WAKEFIELD</b>	State <b>MA</b>
4. NAICS Code <b>711310</b>		6. Brief description of the character of business conducted in Rhode Island <b>ENTERTAINMENT COMPANY THAT PRODUCES MUSIC FESTIVALS</b>	
5. State of Incorporation <b>RHODE ISLAND</b>		Zip <b>02879</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>CHARLES E WENTWORTH JR</b>		Vice-President Name <b>DEBRA L WENTWORTH</b>	
Street Address <b>51 WHITE OAK COURT</b>		Street Address <b>51 WHITE OAK COURT</b>	
City <b>WAKEFIELD</b>	State <b>RI</b>	City <b>WAKEFIELD</b>	State <b>RI</b>
Zip <b>02879</b>		Zip <b>02879</b>	
Secretary Name <b>DEBRA L WENTWORTH</b>		Treasurer Name <b>CHARLES E WENTWORTH JR</b>	
Street Address <b>51 WHITE OAK COURT</b>		Street Address <b>51 WHITE OAK COURT</b>	
City <b>WAKEFIELD</b>	State <b>RI</b>	City <b>WAKEFIELD</b>	State <b>RI</b>
Zip <b>02879</b>		Zip <b>02879</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>CHARLES E WENTWORTH JR</b>		Director Name <b>NONE</b>	
Street Address <b>51 WHITE OAK COURT</b>		Street Address	
City <b>WAKEFIELD</b>	State <b>RI</b>	City	State
Zip <b>02879</b>		Zip	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>A A 9 H 9</b>
			PAR VALUE <b>\$ 0</b>
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 <b>CHARLES E WENTWORTH JR</b>		Date <b>11/17/2020</b>	
Signature of Authorized Representative <i>Charles E Wentworth Jr</i>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED  
NOV 18 2020  
BY *[Signature]* 10:44

FORM 630 - Revised: 08/2020