~	~	•
1	1	Sŧ
	•	D

tate of Rhode Island

Department of State - Business Services Division

LECEIVED	
R.I. DEPT OF STATE	
R.I. Day and DIV	
EUS SVCS DIV	

2020 NOV 18 A 10: 41

Annual Report for the year: 2017 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 f	ee if form is not	filed by April 1.							
Entity ID Number		2. Exact name of the Corporation							
<u>↑ 00043673</u> 3. Principal Office Address	LAGNIAFRE PRODUCTIONS INC.								
	OAKO	OURT	City WAK	EFIELD	State RT	Zip 02879			
4. NAICS Code	6. Brief descrip	tion of the characte	er of business	conducted in Rhode Isl		1			
711310	ENTERTAINMENT COMPANY THAT PRODUCES								
5. State of Incorporation RHODE ISLAND	State of Incorporation M(25) ()=65TU/4/5								
7. List ALL officers (names and add	dresses)			Check th	ne box to indic	cate an attachment			
President Name	EATTIONET	TO	Vice-Presider	nt Name					
Street Address		11 012	Street Address						
CIN WHITE CAK	COURT		51 WHITE DAK COURT						
WAKEFIELD	State	02879	City	PIELD	State RI	2ip UZ879			
Secretary Name DEBRAL WEI		,	Treasurer Name						
Street Address	Ctrack Address								
FI WHITE OAK	T .		5-11	WHITE CAK	COURT	_			
City 11)AKEFIELD	State AL	C 28 79	City	E(-IELI)	State	Zip 02879			
8. List ALL directors (names and ac	ddresses)					ate an attachment			
Director Name CHARLES F WE	ANTENIOR T	14 -50	Director Name	110 NE					
Street Address	10 1 Gactal		Street Addres			·			
51 WHITE OAK				_					
WAKE FIELD	State T	Zip 2879	City		State	Zip			
Director Name 10.06	* ··· • • · · · · · · · · · · · · · · ·		Director Name	NONE	<u> </u>				
Street Address			Street Addres						
City	TState	Tzio							
JOHY TO THE PROPERTY OF THE PR	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Issue	ed	Check th	e box to indic	ate an attachment			
This information is currently of recor Department of State.	d in the	NUMBER OF SI		CLASS/SERIES		PAR VALUE			
		$\int O$	\mathcal{O}			40			
Changes require an additional filing.									
11. This report must be executed or	n behalf of the co	rporation by an aut	horized repres	L sentative. If the corpora	tion is in the h	nands of a receiver or			
trustee, this report must be execute Under penalty of perjury, I declar	e and affirm the	corporation by the	e receiver or ti	rustee.	anuina coho	dulas and			
statements, and that all statemen	<u>its contained he</u>	rein are true and	correct.	——————	anying sched	dules allu			
F '	Name of Authorized Representative Date								
CHARLES E WENTWORTH JR FILED 11/17/2020									
Signature of Authorized Representative									
Charles & Calcinta de									
MAIL TO:									
Division of Business Services 148 W. River Street, Providence, Rhode	leland 02004-2045		BY	Land State Control of					
Phone: (401) 222 3040	isiano 02904-2615		- 1						

Website: www.sos.ri.gov