

State of Rhode Island

Department of State - Business Services Division

2019

R.I. DEPT. OF STATE BUS SVCS DIV

2020 DEC 14 AM 11: 12

Annual Report for the year: **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

. Entity ID Number 2. Exact name of the Limited Liability Company					
508374	Outside	He Box	troductions and Enter	rlainment	LLC
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island					
711/30 "	Dr service				
5 State of Formation					
6. Principal Office Address			City	State	Zip
1005 Main St.	Room 2.	936	Tawtucket	大上	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title Owner		
Street Address 1005 Main St. Koom 2226			City Pawfuctet	State RI	zip 02860
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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 Person Ounce Date 12/14/20					
Signature of Authorized Person					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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