

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • 'Filing Fee: \$50.00

	IN BLACK)					
1. Corporate ID No.	2. Name of Corpo		· · · · · · · · · · · · · · · · · · ·			
113394	Event Servi	ces, Inc.				
3. Street Address Principal 1			City	State	Zip	
1241 EAST MAIN	STREET		STAMFORD	СТ	J -	
4. Business Phone No.		5. State of Incorpore			06902-	
2033528600 DELAWARE					6. SIC Code	
7. Brief Description of the C EVENT PRODUCTION	haracter of Business Con SBRVICES	ducted in Rhode Island				
8. NAMES AND ADDR	ESSES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING	ATTACHMENTS	
Linda E. McMahor			, vice President Name			
Street Address			· Frank G Serpe			
1241 East Main	Street		Street Address			
City	State	12:	. 1241 East Main	Street		
Stamford	CT	Zip	City	State	Zip	
ecretary Name	!	06902	Stamford	CT	06902	
Edward L. Kaufma	_		Treasurer Name	• • • • • • • • • • • •		
· · · · · · · · · · · · · · · · · · ·	111	·	Frank G Serpe			
Street Address			* Street Address			
1241 East Main S	Street		.1241 East Main	Street		
City	State	Zip	*City	State	7:-	
Stamford	CT	06902	. Stamford	CT	Zip	
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" ROY FO	RATTACHMENT) FILL IN	CDI CEO DEDOCE	06902	
Director Name		Poliona ("V" nov Lo	Director Name	SPACES BEFORE USIN	GATTACHMENTS	
Linda E. McMahor	1		• • • • • •			
Treet Address			Edward L. Kauf	man		
1241 East Main S	troot		Street Address			
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•	State	7.ip	•City	State	Zip	
	CT	106902	Stamford		j .	
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	154		Director Name		106902	
Director Name	174			cr	106902	
Director Name	· · J		Director Name		106902	
Director Name	-				06902	
Director Name	State	Zip	Director Name			
Stamford Director Name Street Address			Street Address	Sale	06902 Zip	
Director Name Treet Address Tity	State	Zip	· Director Name · Street Address .City	State	Zip	
Director Name Treet Address Tity 10. SHARES AUTHORI	State	Zip	Street Address .City .11. SHARES ISSUED (")		Zip	
Director Name Treet Address Try 10. SHARES AUTHORI LUTHORIZED SHARES	State ZED ("X" BOX FOR	Zip ATTACHMENT)	Street Address City 11. SHARES ISSUED (")	Sale X" BOX FOR ATTACHME	Zip	
Director Name Tity 10. SHARES AUTHORI JUTHORIZED SHARES Jumber of Shares	State ZED ("X" BOX FOR , Class/Series	Zip	Street Address .City .11. SHARES ISSUED (")	State	Zip	
Director Name Direct	State ZED ("X" BOX FOR , Class/Series	Zip ATTACHMENT)	Street Address City 11. SHARES ISSUED (")	Sale X" BOX FOR ATTACHME	Zip NT) Par Value	
Director Name Direct	State ZED ("X" BOX FOR , Class/Series	Zip ATTACHMENT)	Director Name Street Address City 11. SHARES ISSUED (") ISSUED SHARES Number of Shares	Saie X" BOX FOR ATTACHME Class/Series	Zip	
Director Name Direct	State ZED ("X" BOX FOR , Class/Series	Zip ATTACHMENT)	Director Name Street Address City 11. SHARES ISSUED (") ISSUED SHARES Number of Shares	Saie X" BOX FOR ATTACHME Class/Series	Zip NT) Par Value	
Director Name Direct	ZED ("X" BOX FOR A Class/Series VALUE	Zip ATTACHMENT) Par Value	Director Name Street Address City 11. SHARES ISSUED (") ISSUED SHARES Number of Shares 100	State X" BOX FOR ATTACHME Class/Series Comm	Zip Par Value no value	
Director Name Direct	ZED ("X" BOX FOR A Class/Series VALUE	Zip ATTACHMENT) Par Value	Director Name Street Address City 11. SHARES ISSUED (") ISSUED SHARES Number of Shares 100	State X" BOX FOR ATTACHME Class/Series Comm	Zip Par Value no value	
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Director Name Direct	State ZED ("X" BOX FOR A Class/Series VALUE ned in ink by either	Zip ATTACHMENT) Par Value	City 11. SHARES ISSUED (") ISSUED SHARES Number of Shares 100 President, Secretary, Assistant Secretary, Assi	State X" BOX FOR ATTACHME Class/Series Comm Stant Secretary, Treas	Par Value no value surer, Receiver or Trus.	
Director Name Direct	State ZED ("X" BOX FOR A Class/Series VALUE ned in ink by either	Zip ATTACHMENT) Par Value	City 11. SHARES ISSUED (") ISSUED SHARES Number of Shares 100 President, Secretary, Assistant of perturb	State X" BOX FOR ATTACHME Class/Series Comm Stant Secretary, Treas	Par Value no value surer, Receiver or Trus. that I have examined dules and statements.	
Director Name Direct	State ZED ("X" BOX FOR A Class/Series VALUE ned in ink by either	Zip ATTACHMENT) Par Value	City 11. SHARES ISSUED (") ISSUED SHARES Number of Shares 100 President, Secretary, Assistant of perturb	State X" BOX FOR ATTACHME Class/Series Comm Stant Secretary, Treas	Par Value no value surer, Receiver or Trus. that I have examined dules and statements.	
Director Name Direct	ZED ("X" BOX FOR A Class/Series VALUE med In Ink by either 3 9 4	Zip ATTACHMENT) Par Value r the President, Vice	City 11. SHARES ISSUED (") ISSUED SHARES Number of Shares 100 President, Secretary, Assistant of perturb	State X" BOX FOR ATTACHME Class/Series Comm Stant Secretary, Treas	Par Value no value surer, Receiver or Trus that I have examined dules and statements.	
Director Name Direct	ZED ("X" BOX FOR A Class/Series VALUE med In Ink by either 3 9 4	Zip ATTACHMENT) Par Value r the President, Vice	City 11. SHARES ISSUED (") ISSUED SHARES Number of Shares 100 President, Secretary, Assistant of perturb	State X" BOX FOR ATTACHME Class/Series Comm Stant Secretary, Treas	Par Value no value no value that I have examined dules and statements, are and correct. 4/8/05	
Director Name Direct	ZED ("X" BOX FOR A Class/Series VALUE med In Ink by either 3 9 4	Zip ATTACHMENT) Par Value	Street Address City 11. SHARES ISSUED (*) ISSUED SHARES Number of Shares 100 President, Secretary, Assistantly of perthis report, including and that all statemen Signature of Officer	Class/Series Comm Stant Secretary, Treasing any accompanying schells contained herein are to	Par Value no value surer, Receiver or Trus that I have examined dules and statements.	
Director Name Direct	ZED ("X" BOX FOR A Class/Series VALUE med In Ink by either 3 9 4	Zip ATTACHMENT) Par Value r the President, Vice	Street Address City 11. SHARES ISSUED (*) ISSUED SHARES Number of Shares 100 President, Secretary, Assistantly of perthis report, including and that all statement Signature of Officer Frank G Sei	Class/Series Comm Stant Secretary, Treasing any accompanying schells contained herein are to	Par Value no value no value that I have examined dules and statements, are and correct. 4/8/05	
Director Name Direct	ZED ("X" BOX FOR A Class/Series VALUE med In Ink by either 3 9 4	Zip ATTACHMENT) Par Value r the President, Vice	II. SHARES ISSUED (") IISSUED SHARES Number of Shares 100 President, Secretary, Assistant that all statemen and that all statemen Frank G Selection of Type Name of Print or Type Name of	State Class/Series Comm Stant Secretary, Treas gany accompanying sche als contained herein are to	Par Value no value no value that I have examined dules and statements, are and correct. 4/8/05	
Director Name Direct	ZED ("X" BOX FOR A Class/Series VALUE med in ink by either 3 9 4 DEED: 49 PM* 0 8 2005	Zip ATTACHMENT) Par Value r the President, Vice	Street Address City 11. SHARES ISSUED (*) ISSUED SHARES Number of Shares 100 President, Secretary, Assistantly of perthis report, including and that all statement Signature of Officer Frank G Sei	State Class/Series Comm Stant Secretary, Treas gany accompanying sche als contained herein are to	Par Value no value no value that I have examined dules and statements, are and correct. 4/8/05	

15 Corporations Divi. 100 North Main St Providence, RI 02903-1

Matthew A. Brown, Secretary of State

PROFIT CORPO		NNUAL REPO	RT FOR THE YEA	AR2004	401.222
1. Corporate ID No. 113394	2. Name of Corporation Event Services Inc				
3. Street Address Principal Busines 1241 East	S Office		Stamford	State CT	7.ip 06902
4. Business Phone No. 203-352-8600 5. State of Incorporation			CI	6. SIC Code	
7. Brief Description of the Characte EVENT PRODUCTION	er of Business Conducted SERVICES	in Rhode Island			<u></u>
8. NAMES AND ADDRESSE President Name Philip B. Liv: Street Address	S OF THE OFFICE	RS: ("X" BOX FOR A	Vice President Name	spaces before using A	ATTACHMENTS
1241 East Main			Street Address 1241 East Mai	in Street	
Stamford Secretary Name	State	^{Ζίρ} 06902	City Stamford	State CT	06902
Edward Kaufmar	1		Treasurer Name Prank G	S. Serpe	
1241 East Main Street		Street Address 1241 East Main Street			
Stamford	CT CT	^{Zip} 06902	Clly Stamford	State CT	2ip 06902
9. NAMES AND ADDRESSES Director Name Philip B. Livi Street Address		DRS: ("X" BOX FOR A	Director Name	N SPACES BEFORE USING Serpe	ATTACHMENTS
	n Street		Street Address	st Main Street	
Stamford Director Name	CT State	^{Zφ} 06902	City Stamford	State CT	<i>Σφ</i> 06902
Edward Kaufman	i		Director Name	••••••••••••••••••••••••••••••	
met Address 1241 East Main	Street		Street Address		
Stamford	State CT	2ip 06902	Сиу	State	Zip
O. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHME	
umber of Sbares	Class/Sertes	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE		100	Common Stock	No Par	
This report must be s	igned in ink by citl	ner the President, Vice	President, Secretary, Assistan	nt Secretary, Treasurer, Rece	eiver or Trustee

* 1 1	7 7 0 / ±
File Date 3 1 04	
Check No	0
Ву:	
FOR SECRETARY OF STATE U	SE 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 co Signature of Officer

Frank G. Serpe

Print or Type Name of Officer

Senior V. P. & CAO

Edward S. Inman, III, Secretary of S 100 North Main Street, Providence, RI 02903-1.

Corporations Divis 401-222-30

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

113394

Event Services, Inc.

3 Street Andress Principal Business Office

1241 EAST MAIN STREET: 4 Business Phone No.

5. State of Incorporation

STAMFORD

CT

Zip

06902 6. SIC Code

203-352-8600

DELAWARE

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

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name

event and amusement

FILL IN SPACES BEFORE USING ATTACHMENTS

Edward Kaufman Street Address

Frank Serpe Street Address

1241 E MAIN STREET

STAMFORD

Edward Kaufman

06902

1241 E MAIN STREET

06902

Treasurer Name

Frank Serpe

STAMFORD

Street Address

1241 E MAIN STREET

State

Zip

STAMFORD

1241

Secretary Name

Street Address

City

06902 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

STAMFORD

CT

CT

06902 FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Frank Serpe Street Address

1241 E MAIN STREET

State CI CT

E MAIN STREET

State

Zip

06902

Street Address

1241 E MAIN STREET

Edward Kaufman

 Z_{ip}

STAMFORD

CT

06902

Street Address

STAMFORD

Street Address

City

Zip

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

AUTIMORIZED SHARES

Number of Shares

Class/Series

Par Volue

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 COMM NO PAR VALUE

100 Common NO Par Value

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



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 contained herein are true and correct.

Title of Officer

± 30 5

Farm 630 12/02

Edward S. Inman, 111, Secretary of St. Corporations Divin 100 North Main Street, Providence, RI 02903-13. 401-222-30

PROFIT CORPORATION

Filing Period: Janua	ry 1-March 1	Filing Fee: \$50.0	KEPORT I	FOR TH	HE YEA	R <u>2002</u>
(FORM MUST BE TYPED IN B						
1. Corporate ID No.	2. Name of Corporat	ion				
112204	_					

113394 Event Services, Inc. 3. Street Address Principal Business Office City Zip 1241 EAST MAIN STREET STAMFORD CT 4. Business Phone No. 06902 S. State of Incorporation 6. SIC Code 203-352-8600 DELAWARE 7. Brief Description of the Character of Business Conducted in Rhode Island AMUSEMENT AND EVENT SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name AUGUST J. LIGUORI FRANK SERPE Street Address Street Address 1241 EAST MAIN STREET 1241 EAST MAIN STREET City State Zip State STAMFORD CT06902 STAMFORD CT Secretary Name 06902 Treasurer Name EDWARD KAUFMAN FRANK SERPE Street Address Street Address 1241 EAST MAIN STREET 1241 EAST MAIN STREET City State City State STAMFORD 210 06902 STAMFORD 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 06902 Director Name AUGUST J. LIGUORI FRANK SERPE Street Address Street Address 1241 EAST MAIN STREET 1241 EAST MAIN STREET City State STAMFORD 06902 STAMFORD 06902 Director Name EDWARD KAUFMAN

Director Name

Street Address

1241 EAST MAIN STREET

STAMFORD

CT

06902

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

Number of Shares 100 COMM NO PAR VALUE

Class/Series

Par Value

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

(SSUFE) SHARES

Street Address

Number of Shares

Class/Series

Par Value

IDO Comm

Zip

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



1-16-02 Theck No.:

OR 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.

nature of Officer

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Form 630 12/01

Corporations Divi. 100 North Main Street, Providence, RI 02903-1 401-222-3

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 II) No. 113394

2. Name of Corporation
Event Services, Inc.

3. Street Address Principal Business Office

1241 EAST MAIN STREET

STAMFORD

State CT

06902

4. Business Phone No.

(203)352-8600

DELÁWARE

6. SIC Code

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

AMUSEMENT AND EVENT SERVICES

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

AUGUST LIGUORI

Street Address

1241 E MAIN STREET City

STAMPORD

06902

FRANK SERPE

Street Address

1241 E MAIN STREET

Treasurer Name

STAMPORD

CT

^{Zip} 06902

Secretary Name

EDWARD KAUFMAN

Street Address

1241 E MAIN STREET

STAMFORD

CT

06902

Street Address

FRANK SERPE

1241 E MAIN STREET

STAMFORD

06902

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

AUGUST LIGUORI

1241 E MAIN STREET

City

STAMPORD

CT

State

06902

1241 City STAMFORD

Street Address

FRANK SERPE

CT

MAIN STREET

06902

Director Name

Director Name

EDWARD KAUFMAN

City

1241 E MAIN STREET

100 COMM NO PAR VALUE

STAMFORD

State CT

06902

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ESSURED SHARES

Street Address

Number of Shares

Class/Series

Par Value

0

0

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



Check No.:

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.

<u>FRANK G</u> Print of Type Name of Officer Frank G. Serpe SERPE

Senior VP, Finance / CAO

Form 630 12/00 1