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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
125169	Two Sisters Productions, Inc.			
3. Street Address Principal Business Office		City	State	Zip
95 Terre Mar Drive		North Kingstown	RI	02852
4. Business Phone No.	5. State of Incorporation			
	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Deal in scripts, programs, writings, features, books, music, musical productions, records and transcriptions ets.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Diane St. Laurent	95 Terre Mar Drive	North Kingstown	RI	02852

Vice President Name	Street Address	City	State	Zip
Toni-Ann Baker	95 Terre Mar Drive	North Kingstown	RI	02852

Secretary Name	Street Address	City	State	Zip
Toni-Ann Baker	95 Terre Mar Drive	North Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Diane St. Laurent	95 Terre Mar Drive	North Kingstown	RI	02852

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

Director Name	Street Address	City	State	Zip
Diane St. Laurent	Same as Above			

Director Name	Street Address	City	State	Zip
Toni-Ann Baker	Same as Above			

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
4,000 Comm No Par Value		

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	No Par
	THIS SECTION MUST BE COMPLETED	

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.

[redacted]

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.

Diane St Laurent 2-12-0
Signature *Date*

Diane St. Laurent
Print or Type Name

[redacted] President
Title

FILED
File Date JUL 01 2008
Check No. By 562780
By:
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