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			Vice President Name		
Diane St. Laurent			Toni-Ann Baker		
Street Address			Street Address		
95 Terre Mar Drive			95 Terre Mar Drive		
City	State	Zip	City	State	Zip
North Kingstown	RI	02852	North Kingstown	RI	02852
Secretary Name			Treasurer Name		
Toni-Ann Baker			Diane St. Laurent		
Street Address			Street Address		
95 Terre Mar Drive			95 Terre Mar Drive		
City	State	Zip	City	State	Zip
North Kingstown	RI	02852	North Kingstown	RI	02852

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

Director Name			Director Name		
Diane St. Laurent			Toni-Ann Baker		
Street Address			Street Address		
Same as Above			Same as Above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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]

[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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Form 630 Rev. 12/06