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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*
74994	ACME VIDEO, INC.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
369 South Main Street	Providence	RI	02903

4. Business Phone No.	*5. State of Incorporation*	*6. SIC Code*
401-521-3100	Rhode Island	

7. Brief Description of the Character of Business Conducted in Rhode Island
Renting and selling video tapes and related items.

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

President Name	*Vice President Name*
Ralph J. Goudreau, Jr.	Ralph J. Goudreau, Jr.
Street Address	*Street Address*
c/o Acme Video, Inc., 100 Brook Street	c/o Acme Video, Inc., 100 Brook Street
City / *State* / *Zip*	*City* / *State* / *Zip*
Providence / RI / 02903	Providence / RI / 02903
Secretary Name	*Treasurer Name*
Ralph J. Goudreau, Jr.	Ralph J. Goudreau, Jr.
Street Address	*Street Address*
c/o Acme Video, Inc., 100 Brook Street	c/o Acme Video, Inc., 100 Brook Street
City / *State* / *Zip*	*City* / *State* / *Zip*
Providence / RI / 02903	Providence / RI / 02903

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

Director Name	*Director Name*
Ralph J. Goudreau, Jr.	
Street Address	*Street Address*
c/o Acme Video, Inc., 100 Brook Street	
City / *State* / *Zip*	*City* / *State* / *Zip*
Providence / RI / 02903	
Director Name	*Director Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
200 No Par Value			200	Common	Without

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

[redacted] [barcode] 74994 [redacted]

File Date 1-13-09
Check No. 9505
By: mne
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30198-3-334535

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.

Signature of Officer 1-7-09 *Date*
Ralph J. Goudreau, Jr.
Print or Type Name of Officer
[redacted] President
Title of Officer

Form 630 12/01