



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-150(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. 7-1.2-150(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 74209		2. Name of Corporation VIDEO UNLIMITED PRODUCTIONS, INC.			
3. Street Address Principal Business Office 1140 PARK AVENUE		City CRANSTON	State RI	Zip 02910	
4. Business Phone No. 4019432299		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island DEALING WITH VIDEO AND AUDIO PROCESSES.					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Andrew M. Fogell			Vice President Name Andrew M. Fogell		
Street Address 258 Quaker Lane			Street Address 258 Quaker Lane		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Secretary Name Andrew M. Fogell			Treasurer Name Andrew M. Fogell		
Street Address 258 Quaker Lane			Street Address 258 Quaker Lane		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
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) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 NO PAR VALUE			200	Common	No Par

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.



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File Date

FILED

Check No.

FEB 16 2010

By:

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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.

Signature

Date

Andrew M. Fogell

Print or Type Name

President

Title

Form 630 12/05