



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2011

1. ID No. 000539956

2. Exact Name of the Limited Liability Company Sagewood Productions LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

To design, develop, create, market, distribute and commercialize various forms of entertainment, including animated and live action entertainment, for distribution across all forms of media and distribution platforms, including broadcast and cable television, theatrical release, DVDs, internet distribution, download to own, and through any other forms of media now existing or hereafter developed as well as to conduct any other business is lawfully permitted.

5. Principal Office Address

No. and Street: 1027 NEWPORT AVENUE

City or Town: PAWTUCKET

State: RI

Zip: 02862

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 1027 NEWPORT AVENUE

City or Town: PAWTUCKET

State: RI

Zip: 02862

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	BRIAN GOLDNER	1011 NEWPORT AVENUE PAWTUCKET, RI 02862 USA
MANAGER	DAVID D.R. HARGREAVES	1011 NEWPORT AVENUE PAWTUCKET, RI 02862 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of September, 2011 at 3:21:20 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVID D.R. HARGREAVES
Signature of Authorized Person

Form No. 632
Revised 09/07

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