OH D	State of Rhode Island and Providence F	Diantation	C E 050
RAL	Office of the Secretary of State		S Fee: \$50.
georetary of St	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040		
imited Liabilit	v Company		
Annual Report	ember 1 - November 1		
ïle its annual report	R.I.G.L. 7-16-66(d), each limited liability company failing c t within thirty (30) days after the time prescribed by law (R. bject to a penalty fee of \$25.00.		
ANNUAL REPORT	YEAR: <u>2011</u>		
1. ID No. <u>000</u>	507170		
2. Exact Name o	f the Limited Liability Company Sakonnet Films, LLC	-	
3. State of Form	ation		
o. otale of Form			
State: <u>RI</u>			
4. Brief Descriptio	on of the Character of the Business Which is Actually	Conducted	in Rhode Island
4. Brief Description	roduction and Investment	Conducted	in Rhode Island
 Brief Description Motion Picture Principal Office No. and Street: 	e Address <u>385 SOUTH MAIN STREET</u>	Zip: <u>02903</u>	in Rhode Island Country: <u>USA</u>
 4. Brief Description Motion Picture Prison 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: Contact N	coduction and Investment e Address 385 SOUTH MAIN STREET PROVIDENCE State: RI State: RI State: Contact Title:	Zip: <u>02903</u>	Country: <u>USA</u>
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Brief Description Motion Picture Pr Description S. Principal Office No. and Street: Dity or Town: S. Mailing Address Contact Name: C No. and Street: Dity or Town: Town: S. Name and Add DO NOT LIST M	roduction and Investment e Address 385 SOUTH MAIN STREET PROVIDENCE State: RI ss of Limited Liability Company and Name or Title of Contact Title: 385 SOUTH MAIN STREET PROVIDENCE State: RI PROVIDENCE State: RI PROVIDENCE State: RI PROVIDENCE State: RI Individual Name	Zip: <u>02903</u> Contact Per Zip: <u>02903</u> any, if Applic Addre	Country: <u>USA</u> son: Country: <u>USA</u> cable.
 4. Brief Description Motion Picture Principal Office 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: C No. and Street: City or Town: 7. Name and Add DO NOT LIST M Title 8. RESIDENT AGE Changes Requi 	roduction and Investment e Address 385 SOUTH MAIN STREET PROVIDENCE State: RI ss of Limited Liability Company and Name or Title of Contact Title: 385 SOUTH MAIN STREET PROVIDENCE State: RI PROVIDENCE State: RI PROVIDENCE State: RI PROVIDENCE State: RI Individual Name	Zip: <u>02903</u> Contact Per Zip: <u>02903</u> any, if Applic Addre Dity or Town, Sta	Country: <u>USA</u> son: Country: <u>USA</u> cable.

Signed this 1 Day of September, 2011 at 4:13:24 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 <u>ELIZABETH ORTIZ</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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