



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 2012**

**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. 90886		2. Name of Corporation Breaking Branches Pictures, Inc.		
3. Street Address Principal Business Office 409 CENTRAL STREET, PO BOX 733			City Slatersville	State Rhode Island
4. Business Phone No. 769-3356		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island Production of still and motion photography, videography AND DOCUMENTARY FILMS				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name CHRISTIAN DE REZENDES		Vice President Name Amanda de Rezendes		
Street Address 409 CENTRAL STREET, PO BOX 733		Street Address 409 Central Street, PO Box 733		
City SLATERSVILLE	State Rhode Island	Zip 02876	City Slatersville	State RI
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name CHRISTIAN DE REZENDES		Director Name		
Street Address 409 CENTRAL STREET, PO BOX 733		Street Address		
City SLATERSVILLE	State Rhode Island	Zip 02876	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 600	Class/Series no par common	Par value none

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.

**FILED**

File Date FEB 13 2012

Check No. 159

BY [Signature]

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] 2/4/12  
Signature Date  
CHRISTIAN DE REZENDES  
Print or Type Name  
President  
Title