



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000532070		2. Exact name of the limited liability company OCEAN STATE ENTERTAINMENT, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island TO PRODUCE MOVIE			
5. Principal office address 170 WESTMINSTER ST. - 9th FL		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BAXTER CHURCHVILLE		Contact Title MANAGER			
Street Address 170 WESTMINSTER ST. - 9th FL		City PROVIDENCE	State RI	Zip 02882	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name BAXTER CHURCHVILLE		Manager Name Don RODRIGUES			
Street Address PO BOX 121		Street Address 190 COMMARCK DRIVE			
City NARRAGANSETT	State RI	Zip 02882	City WARWICK	State RI	Zip 02886
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2012 SEP 25 AM 11:20
 CORPORATIONS DIV

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 SEP 25 2012
 BY DL 179649

File Date _____
 Check No _____
 By: _____
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] 9/21/2012
 Signature of Authorized Person Date
BAXTER CHURCHVILLE
 Print or Type Name of Authorized Person