State of Rhode Island and Providence Plantations Fee: \$5 Office of the Secretary of State			
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Limited Liability Comp Annual Report	bany		
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: 2013			
1. ID No. <u>000528378</u>			
2. Exact Name of the Limited Liability Company <u>Black Fish Productions LLC</u>			
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island No business was conducted. There was no business activity.			
5. Principal Office Addres	s		
	SUNSET DRIVE ARLESTOWN State: <u>1</u>	<u>RI</u> Zip: <u>02813</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>TIMOTHY PAFIK</u> Contact Title: No. and Street: <u>163 SUNSET DRIVE</u>			
City or Town: <u>CHA</u>	<u>RLESTOWN</u> State:	<u>RI</u> Zip: <u>02813</u>	Country: <u>US</u>
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		Iress State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
TIMOTHY PAFIK 163 SUNSET DRIVE CHARLESTOWN, RI 02813			
9. This report must be ex	ecuted by an authorized person p	oursuant to R.I.G.L. 7	-16-66 (b).

Signed this 22 Day of August, 2013 at 5:13:40 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>TIMOTHY PAFIK</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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