



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 **2013**

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. 541923		2. Exact name of the limited liability company PAZ Productions, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island produce movies			
5. Principal office address 253 Main Street		City East Greenwich		State RI	Zip 02818
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Chad A. Verdi		Contact Title manager			
Street Address 253 Main Street		City East Greenwich		State RI	Zip 02818
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 Chad A. Verdi		Manager Name			
Street Address 253 Main Street		Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip
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.					

2013 SEP 19 AM 10:13
SECRETARY OF STATE
CORPORATIONS DIV

FILED

File Date

SEP 19 2013

Check No

By: 49-206376

By:

FOR SECRETARY OF STATE USE ONLY

A.A.

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.

Chad A. Verdi
Signature of Authorized Person

9/13/2013
Date

Chad A. Verdi, Manager

Print or Type Name of Authorized Person