



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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.

1. ID No. 158182		2. Exact name of the limited liability company Richard Ericson Productions, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Provide theatrical, film, and television production, and consulting.			
5. Principal office address 495 Main Street, P.O. Box 196		City Hopkinton		State RI	Zip 02833
6. MAJOR OFFICERS OF LIMITED LIABILITY COMPANY					
Contact Name Richard A. Ericson, III		Contact Title Manager			
Street Address 495 Main Street, P.O. Box 196		City Hopkinton		State RI	Zip 02833
7. NAME AND ADDRESS OF OTHER PERSONS					
Manager Name Richard A. Ericson, III		Manager Name Louis Raymond			
Street Address 495 Main Street, P.O. Box 196		Street Address 495 Main Street, P.O. Box 196			
City Hopkinton	State RI	Zip 02833	City Hopkinton	State RI	Zip 02833
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 of Form 642 - R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

OCT 11 2013

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.

File Date	BY <u>1161</u>
Check No.	
By	<u>Richard A. Ericson, III</u>
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person

Date

Richard A. Ericson, III, Manager

Print or Type Name of Authorized Person