



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>508091</b>		2. Exact name of the Corporation <b>TREANOR BROTHERS ANIMATION, INC.</b>		
3. Principal office address <b>118 North Main Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02904-0000</b>
4. Business Phone No. <b>(401) 272-4150</b>		5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>creation and sale of computer animation and related services</b>				

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT**

President Name <b>Todd Treanor</b>			Vice-President Name <b>Todd Treanor</b>		
Street Address <b>92 Governor Bradford Drive</b>			Street Address <b>92 Governor Bradford Drive</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806-</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806-</b>
Secretary Name <b>Todd Treanor</b>			Treasurer Name <b>Todd Treanor</b>		
Street Address <b>92 Governor Bradford Drive</b>			Street Address <b>92 Governor Bradford Drive</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806-</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806-</b>

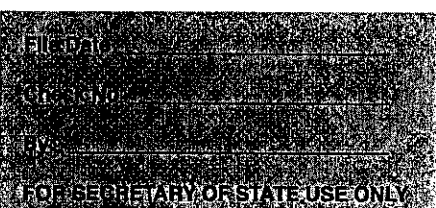
**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT**

Director Name <b>Todd Treanor</b>			Director Name <b>none</b>		
Street Address <b>92 Governor Bradford Drive</b>			Street Address <b>none</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>

**9. SHARES AUTHORIZED**  **10. SHARES ISSUED (X) BOX FOR ATTACHMENT**

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	Common	No Par

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**  
**JAN 07 2014**  
 BY 982

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 of Authorized Representative: Todd Treanor Date: 1/06/2014  
 Print or Type Name of Authorized Representative: Todd Treanor  
 President