

State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report

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: 2014

1. **ID No.** <u>000509966</u>

2. Exact Name of the Limited Liability Company Hasbro Studios LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

To design, develop, create, market, distribute and commercialize various forms of entertainment, including animated and live action entertainment, for distribution across all forms of media and distribution platforms, including broadcast and cable television, theatrical release, DVDs, internet distribution, download to own, and through any other forms of media now existing or hereafter developed, as well as to conduct any other business which is lawfully permitted.

5. Principal Office Address

No. and Street: 2950 N. HOLLYWOOD WAY

SUITE 100

City or Town: <u>BURBANK</u> State: <u>CA</u> Zip: <u>91505</u> Country: <u>USA</u>

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ANN COSTA Contact Title: ADMINISTRATOR

No. and Street: <u>1027 NEWPORT AVENUE</u>

City or Town: PAWTUCKET State: RI Zip: 02861 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	BRIAN GOLDNER	C/O HASBRO, INC., 1011 NEWPORT AVENUE PAWTUCKET, RI 02861 USA
MANAGER	DAVID D.R. HARGREAVES	C/O HASBRO, INC., 1011 NEWPORT AVENUE PAWTUCKET, RI 02861 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

Signed this 9 Day of September, 2014 at 10:44:32 AM 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>DAVID D.R. HARGREAVES</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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