



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 2016

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. 72076		2. Exact name of the Corporation Eagle Beach Productions, Inc.			
3. Principal office address 441 Atwells Avenue			City Providence	State RI	Zip 02909
4. Business Phone No. (401) 331-7720			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Motion picture and video production					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
President Name Michael Corrente			Vice-President Name Michael Corrente		
Street Address 441 Atwells Avenue			Street Address 441 Atwells Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Michael Corrente			Treasurer Name Michael Corrente		
Street Address 441 Atwells Avenue			Street Address 441 Atwells Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
Director Name Michael Corrente			Director Name		
Street Address 441 Atwells Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			None		

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.

File Date: _____
 Check No: _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

FILED

[Signature]
 Signature of Authorized Representative

1-18-16
 Date

Michael Corrente
 Print or Type Name of Authorized Representative

FEB 16 2016

By KL 3444