

**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[| LOGOUT |](#)**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1



Help with this form

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: 2016**1. ID No.** 000139830**2. Exact Name of the Limited Liability Company** PM Films llc**3. State of Formation**State: RI**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

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

DOCUMENTARIES

FILED

NOV 21 2016

5. Principal Office AddressBY 1637 DSNo. and Street: 74 BLUE GENTIAN ROADCity or Town: CRANSTONState: RIZip: 02921Country: USA**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**Contact Name: Presfon McElanahanContact Title: C. E. O.No. and Street: 74 BLUE GENTIAN ROAD

City or Town: CRANSTON State: RI Zip: 02921 Country: USA

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

First Name: Middle Name: Last Name: Suffix:
Address: City: State: Zip: Country:
Clear Add

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

HENRY J. MICHALENKA, CPA 601 BROAD STREET CUMBERLAND, RI 02864

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

The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.

1. (Select all that apply) - Does the business owner self-identify as any of the following:

Woman

Veteran

Disabled

Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

2. How many full time employees does the business have:

0

1-10

3. What are the gross revenues for the business for the past year:

0-100,000

100,000 - \$250,000

\$250,000 - \$500,000

\$500,000 - \$1,000,000

\$1,000,000 - \$5,000,000

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NOV 21 2016

BY

1037 DS

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Preston M. Clanchan

Business Name: DM Folms, LLC

No. and Street: 74 Blue Gentian Rd.

- Same Address as -

City or Town:

State: RI

Zip: 02921

Country: Kent

Contact Phone:

Contact Email:

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 19 Day of November, 2016 at 10:23:09 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, *Preston W. Clanchan*
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this filing will be litigated under the statutes and common laws of the State of Rhode

Accept

Decline

[Click HERE to Submit This Information](#)

Form No. 632
Revised 09/07

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