



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

THIS ONE

RECEIVED
R.I. DEPT. OF STATE
BUSINESS SERVICES DIV.
2017 FEB 14 PM 3:22

1. Entity ID Number <u>422042</u>		2. Exact name of the Corporation <u>GRIMM Productions Inc.</u>			
3. Principal Office Address <u>128 WOOD COVE DRIVE</u>		City <u>COVENTRY</u>		State <u>RI</u>	Zip <u>02816</u>
4. Business Phone Number <u>401-826-0241</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Sports Television Production</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>ROGER E GRIMM</u>			Vice-President Name <u>DANIELLE J GRIMM</u>		
Street Address <u>128 WOOD COVE DRIVE</u>			Street Address <u>128 WOOD COVE DR</u>		
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES			
		CLASS/SERIES			
				PAR VALUE	
				<u>.01</u>	
11. 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. 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.					
Name of Authorized Representative <u>ROGER E GRIMM</u>					Date <u>11/24/16</u>
Signature of Authorized Representative <u>Roger E Grimm</u>					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

FEB 14 2017

BY

A.A. 3:23pm

FORM 630 - Revised: 05/2016