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 2017

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.	2. Exact name of the Corporation
000789767	FOX RHODE ISLAND PRODUCTIONS, INC.

3. Principal office address	City	State	Zip
10201 WEST PICO BOULEVARD	LOS ANGELES	CA	90035

4. Business Phone No.	5. State of Incorporation
310 369-4061	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Film Production

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

President Name	Vice-President Name
Robert Cohen	Bruce Eddy
Street Address: 10201 WEST PICO BOULEVARD	Street Address: 10201 WEST PICO BOULEVARD
City: LOS ANGELES, State: CA, Zip: 90035	City: LOS ANGELES, State: CA, Zip: 90035
Secretary Name: Michael Doodan	Treasurer Name: Simon Baker
Street Address: 10201 WEST PICO BOULEVARD	Street Address: 10201 WEST PICO BOULEVARD
City: LOS ANGELES, State: CA, Zip: 90035	City: LOS ANGELES, State: CA, Zip: 90035

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

Director Name	Director Name
None	None
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name: None	Director Name: None
Street Address	Street Address
City, State, Zip	City, State, Zip

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9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1,000	Common	0.01

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.

Signature of Authorized Representative — Date: 2/2/2017

Bruce Eddy
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
FEB 27 2017
BY 296820 KM

Form No. 630
Revised: 01/2012

R1200 - 02/10/2012 Wolters Kluwer Online