



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

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

1. Entity ID Number 768442		2. Exact name of the Corporation Eldritch Dark, Inc			
3. Principal Office Address 51 Adelphi Avenue			City Providence	State RI	Zip 02906
4. NAICS Code 71 - Arts, Entertainment, and R		6. Brief description of the character of business conducted in Rhode Island Screen Writing			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Philip M. Gelatt, Jr.			Vice-President Name Victoria Dalpe		
Street Address 51 Adelphi Avenue			Street Address 51 Adelphi Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Victoria Dalpe			Treasurer Name Philip M. Gelatt, Jr.		
Street Address 51 Adelphi Avenue			Street Address 51 Adelphi Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Philip M. Gelatt, Jr.			Director Name		
Street Address 51 Adelphi Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
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		PAR VALUE
			100	cwp	\$0.01/share
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. <i>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.</i>					
Name of Authorized Representative PHILIP GELATT					Date 3/13/17
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

FILED *02*

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