RI SOS Filing Number: 201739446660 Date: 4/3/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SYCS DIV

2017 APR -3 AM 10: 30

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
000545297	KRAFT SERVICES, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
81	Film production					
5. State of Formation	7 "	the tr				
RI						
6. Principal Office Address			City	State	Zip	
1850 Ocean Park Blvd., Ste 300			Santa Monica	CA	90405	
7. Mailing Address of Limited Li	ability Compa	iny and Name or Tit	tle of Contact Person			
Contact Name Nogh Kraft			Contact Title Manager			
Street Address 2850 Ocean Park Blvd., Ste 300			Santa Monica	State C.↑	Zip 90405	
	and addresses	s) of the Limited Lia	bility Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name NGQH KrQft			Manager Name			
Street Address 2850 Occan Park Blvd., Ste 300			Street Address			
^{City} Santa Monica	State C A	Zip 90405	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			(heck the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	nd. This inform	ation is currently of re	cord with the Department of State. (hanges require fil	ing Form 642.	
Under penalty of perjury, I dec statements, and that all states	clare and affi ments contai	rm that I have exa ned herein are tru	mined this report, including ar e and correct.	ny accompanyi	ng schedules and	
Name of Authorized Person				Date		
Noan Kraft				3/30/11		
Signature of Authorized Person	111	1				
	· 1/2	7				
					-u ED	

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

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