

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

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

HOPE			~ · · >			
Profit Corporation Annual Report for the year: 2017						
Filing period: January 1 - March 1 Filing Fee: \$50.00 FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.						
1. Entity ID Number	of the Corporation		LOOL! IN	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	₹ Soffia	
90886	nes Pictur	res, in	۷.	> 12 Hou		
3. Principal Office Address	City	, S	ate	Zip.		
409 Centra	Slatersville RI 22876					
4. Business Phone Number	5. State of Incorporation					
(401) 769	Khode Island -					
6. Brief description of the character of business conducted in Rhode Island						
Production of Still and Motion Photography, video graphy & document 7. List ALL officers (names and addresses)						
President Name	u addresses)		Vice-President Name	neck the box	to indicate an	attachment
Christian de Rezendes						
Street Address 409 Central Street Po Box 733						
City Slaters ville	State	02876	City	St	ate	Zip
Secretary Name	Treasurer Name Christian de Rezendes					
Street Address	Street Address Central Street Po Box 733					
City	State	Zip	Slaters u	ile st	ite /	Zip 02876
8. List ALL directors (names a	Cl		to indicate an	attachment		
Director Name Christian de	Director Name					
Street Address Un 9 Pen trail	Street Address					
City Slave 1/2	State	Zip 02776	City	Sta	ate	Zip
9. Shares Authorized		00876	10. Shares Issued	Check how	io indicate co	
J. Offai 63 Addionized					to indicate an	
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIE	S PAI	R VALUE
			600			NP
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 Date						
Christian de Rezendes 5/9/17						
Signature of Authorized Representative						
MASSIMA						
	3	j	,			į

10'26 FILED

MAY 12 2017 MD 3035-11

Form No. 630 Revised: 2016