



**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

**Profit Corporation Annual Report for the year: 2016**

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 <b>90886</b>		2. Exact name of the Corporation <b>Breaking Branches Pictures, inc.</b>	
3. Principal Office Address <b>409 Central Street, PO Box 733</b>		City <b>Slatersville</b>	State <b>RI</b>
4. Business Phone Number <b>(401) 769-3356</b>		5. State of Incorporation <b>Rhode Island</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Production of Still and Motion Photography, videography + documentaries</b>			
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <b>Christian de Rezendes</b>		Vice-President Name	
Street Address <b>409 Central Street, PO Box 733</b>		Street Address	
City <b>Slatersville</b>	State <b>RI</b>	Zip <b>02876</b>	
Secretary Name		Treasurer Name <b>Christian de Rezendes</b>	
Street Address		Street Address <b>409 Central Street, PO Box 733</b>	
City	State	Zip	
<b>Slatersville</b>	<b>RI</b>	<b>02876</b>	
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <b>Christian de Rezendes</b>		Director Name	
Street Address <b>409 Central Street, PO Box 733</b>		Street Address	
City <b>Slatersville</b>	State <b>RI</b>	Zip <b>02876</b>	
9. Shares Authorized			
10. Shares Issued <input type="checkbox"/> Check box to indicate an attachment			
NUMBER OF SHARES <b>600</b>		CLASS/SERIES	PAR VALUE <b>NP</b>
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 <b>Christian de Rezendes</b>		Date <b>5/9/17</b>	
Signature of Authorized Representative <i>Christian de Rezendes</i>			

10:25 **FILED**

MAY 12 2017

BY *QPB* 303511