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

2017 MAY 10 A 10:25 R.I. DEPT. OF STATE BUSINESS SERVICES

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	2. Exact name of the Corporation			
90886	Breaking Brandes Pictures, inc.			
3. Principal Office Address		City	State	Zip
409 Central Street, PO Box 733		Slatersville	RI	02876
4. Business Phone Number		5. State of Incorporation		
(401) 769-3356		Rhode Island		

6. Brief description of the character of business conducted in Rhode Island
Production of Still and Motion Photography, videography + documentaries

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Christian de Rezendes					
Street Address			Street Address		
409 Central Street, PO Box 733					
City	State	Zip	City	State	Zip
Slatersville	RI	02876			
Secretary Name			Treasurer Name		
			Christian de Rezendes		
Street Address			Street Address		
			409 Central Street, PO Box 733		
City	State	Zip	City	State	Zip
			Slatersville	RI	02876

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name			Director Name		
Christian de Rezendes					
Street Address			Street Address		
409 Central Street, PO Box 733					
City	State	Zip	City	State	Zip
Slatersville	RI	02876			

9. Shares Authorized	10. Shares Issued Check box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	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
Christian de Rezendes

10:25 **FILED**
MAY 12 2017
BY 303511

Form No. 630
Revised: 2016