



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 001665085	2. Exact name of the Corporation BLACK AND TAN, INC.
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3. Principal Office Address 9100 WILSHIRE BLVD, SUITE 1000 WEST	City BEVERLY HILLS	State CA	Zip 90212
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4. NAICS Code 71 - Arts, Entertainment, and R	6. Brief description of the character of business conducted in Rhode Island ACTING SERVICES <i>(711410)</i>
5. State of Incorporation CA	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name THOMAS J. BLACK			Vice-President Name		
Street Address 9100 WILSHIRE BLVD, SUITE 1000 WEST			Street Address		
City BEVERLY HILLS	State CA	Zip 90212	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	CLASS/SERIES	PAR VALUE
	10,000	CWP	1.0

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 <i>David Jackson</i>	Date 8/28/17
Signature of Authorized Representative <i>[Signature]</i>	

FILED

SEP 05 2017

BY *2659 OS*

MAIL TO:
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 Website: www.sos.ri.gov