



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

RECEIVED STATE
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 APR -5 PM 12:22

Annual Report for the year: 2018
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.				
3. Principal Office Address 9100 WILSHIRE BLVD, SUITE 1000 WEST			City BEVERLY HILLS	State CA	Zip 90212	
4. NAICS Code 71 - Arts, Entertainment, and R		6. Brief description of the character of business conducted in Rhode Island ACTING SERVICES				
5. State of Incorporation CA		(711410)				
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. <i>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.</i>						
Name of Authorized Representative David Jackson				Date 4/4/18		
Signature of Authorized Representative 				FILED		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

APR 05 2018
 BY **KL 308139**
18:00