



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

FILED
 SEP 26 2018
 BY: 1124 [Signature]

Annual Report for the year: 2018
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|-----------------|---|--------------------------------|--------------------------|-----|
| 1. Entity ID Number 149380 | | 2. Exact name of the Limited Liability Company LEDGE ROAD PRODUCTIONS, LLC | | | |
| 3. NAICS Code 812990 | | 4. Brief description of the character of business conducted in Rhode Island FILM PRODUCTION | | | |
| 5. State of Formation RHODE ISLAND | | | | | |
| 6. Principal Office Address 42 LEDGE ROAD | | City NEWPORT | State RI | Zip 02840 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name JOSEPH MELE | | | Contact Title PRESIDENT | | |
| Street Address 42 LEDGE ROAD | | City NEWPORT | State RI | Zip 02840 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name JOSEPH MELE | | Manager Name | | | |
| Street Address 42 LEDGE ROAD | | Street Address | | | |
| City NEWPORT | State RI | Zip 02840 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| 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 Person JOSEPH F MELE | | | | Date 9/19/2018 | |
| Signature of Authorized Person <i>Joseph F Mele</i> | | | | SIGN DOCUMENT HERE | |

MAIL TO:
 Division of Business Services
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