



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018**

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.  
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |       |  |              |
|--|-------|--|--------------|
| 1 Entity ID No.<br>983052  |       | 2 Exact name of the limited liability company<br>333 Productions, LLC  |              |
| 3 State of Formation<br>RI   |       | 4 Brief description of the character of business conducted in Rhode Island<br>The production of motion pictures, other photographic records, and all other legal purposes. |              |
| 5 Principal office address<br>9 Maude Avenue,  |       | City<br>Coventry   | State<br>RI  |
|  |       |  | Zip<br>02816 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |              |
| Contact Name<br>Joseph Romeiro   |       | Contact Title<br>manager   |              |
| Street Address<br>9 Maude Avenue   |       | City<br>Coventry   | State<br>RI  |
|  |       |  | Zip<br>02816 |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |              |
| Manager Name   |       | Manager Name   |              |
| Street Address   |       | Street Address   |              |
| City   | State | Zip  | City         |
|  |       |  | State        |
|  |       |  | Zip          |
| Manager Name   |       | Manager Name   |              |
| Street Address   |       | Street Address   |              |
| City   | State | Zip  | City         |
|  |       |  | State        |
|  |       |  | Zip          |
| 8. RESIDENT AGENT IN RHODE ISLAND  |       |  |              |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.  |       |  |              |

**FILED**

**OCT 23 2018**

BY 3739 DS

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

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.

Joseph L. Romeiro 10.14.18  
 Signature of Authorized Person Date

Joseph L. Romeiro  
 Print or Type Name of Authorized Person