



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. <b>1018607</b>		2. Exact name of the limited liability company <b>KURL PRODUCTIONS, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>all aspects of entertain and movie production</b> (711310)			
5. Principal office address <b>101 Chandler Avenue</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY, AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Wilfredo Figueroa</b>		Contact Title <b>Manager</b>			
Street Address <b>same as above</b>		City	State	Zip	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Wilfredo Figueroa</b>		Manager Name			
Street Address <b>same as above</b>		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.					

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 CORPORATIONS DIV  
 2019 FEB 14 PM 3:30

**FILED**

**FEB 14 2019**

BY KL VD4VC  
3:30

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

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.

*[Handwritten Signature]* 2-14-19  
 Signature of Authorized Person Date  
*[Printed Name]*  
 Print of Type Name of Authorized Person