



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 MAR 28 AM 9:36

1. Entity ID Number 72076		2. Exact name of the Corporation EAGLE BEACH PRODUCTIONS, INC.												
3. Principal Office Address 441 ATWELLS AVENUE			City PROVIDENCE	State RI	Zip 02909									
4. NAICS Code 711310		6. Brief description of the character of business conducted in Rhode Island MOTION PICTURE AND VIDEO PRODUCTION.												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐									
President Name MICHAEL CORRENTE			Vice-President Name MICHAEL CORRENTE											
Street Address 441 ATWELLS AVENUE			Street Address 441 ATWELLS AVENUE											
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909									
Secretary Name MICHAEL CORRENTE			Treasurer Name MICHAEL CORRENTE											
Street Address 441 ATWELLS AVENUE			Street Address 441 ATWELLS AVENUE											
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐									
Director Name MICHAEL CORRENTE			Director Name											
Street Address 441 ATWELLS AVENUE			Street Address											
City PROVIDENCE	State RI	Zip 02909	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued												
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	NONE					
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
NONE														
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 MICHAEL CORRENTE					Date 2-16-19									
Signature of Authorized Representative														

SIGN DOCUMENT **FILED**

MAR 28 2019

BY **3496**