




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.

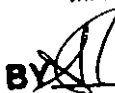
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 SECRETARY OF STATE
 CORPORATIONS DIV
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1. Entity ID Number 72076		2. Exact name of the Corporation EAGLE BEACH PRODUCTIONS, INC.			
3. Principal Office Address 441 ATWELLS AVENUE		City PROVIDENCE		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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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	
		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. <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 MICHAEL CORRENTE					Date 2-16-19
Signature of Authorized Representative 					

SIGN DOCUMENT **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

MAR 28 2019

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