



State of Rhode Island and Providence Plantings

## Department of State - Business Services Division

**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.

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|  |       |  |  |                           |                     |
|--|-------|--|--|---------------------------|---------------------|
| 1. Entity ID Number<br><b>000918018</b>  |       | 2. Exact name of the Limited Liability Company<br><b>TATIANA PRODUCTIONS LLC</b>   |  |                           |                     |
| 3. NAICS Code<br><b>512240</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Entertainment, event, and media Production company</b> |  |                           |                     |
| 5. State of Formation<br><b>RI</b>   |       |  |  |                           |                     |
| 6. Principal Office Address<br><b>634 PLAINFIELD STREET</b>  |       |  | City<br><b>PROVIDENCE</b>                | State<br><b>RI</b>        | Zip<br><b>02909</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |  |  |                           |                     |
| Contact Name<br><b>SEAN R. DOHERTY, ESQ.</b>   |       |  | Contact Title<br><b>REGISTERED AGENT</b> |                           |                     |
| Street Address<br><b>634 PLAINFIELD STREET</b>   |       |  | City<br><b>PROVIDENCE</b>                | State<br><b>RI</b>        | Zip<br><b>02909</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |       |  |  |                           |                     |
| 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                 |
| 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<br><b>ESTEBAN CRUZ</b>   |       |  |  | Date<br><b>07/29/2019</b> |                     |
| Signature of Authorized Person<br><i>Esteban Cruz</i>  |       |  |  | SIGN DOCUMENT HERE        |                     |

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## MAIL TO:

Division of Business Services

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