



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 134444		2. Name of Corporation Neck Road Productions, Inc.		
3. Street Address Principal Business Office 37 NECK ROAD		City Tiverton	State RI	Zip 02878
4. Business Phone No. 401-625-5706		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ALL FACETS OF THE ENTERTAINMENT INDUSTRY INCLUDING, BUT NOT LIMITED TO, THE PRODUCTION OF FILM, THEATER, TELEVISION, LITERARY, PRINT.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Richard Guimond		Vice President Name		
Street Address 37 NECK ROAD		Street Address		
City Tiverton	State RI	Zip 02878	City	State
Secretary Name Richard Guimond		Treasurer Name		
Street Address 37 NECK ROAD		Street Address		
City Tiverton	State RI	Zip 02878	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series
400 NO PAR VALUE			none	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date **FILED**  
Check No. **APR 01 2005** 4735  
By **UB**  
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.

Signature of Officer Richard Guimond Date 1/27/05  
Print or Type Name of Officer RICHARD GUIMOND  
Title of Officer President & Secretary



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 134444		2. Name of Corporation Neck Road Productions, Inc.		
3. Street Address Principal Business Office 37 NECK ROAD		City Tuxton	State RI	Zip 02878
4. Business Phone No. 401-625-5706		5. State of Incorporation RHODE ISLAND		6. SIC Code
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8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Richard Guimond		Vice President Name none		
Street Address 37 Neck Road		Street Address		
City Tuxton	State RI	Zip 02878	City	State
Secretary Name Richard Guimond		Treasurer Name Richard Guimond		
Street Address 37 Neck Road		Street Address 37 Neck Road		
City Tuxton	State RI	Zip 02878	City Tuxton	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
400 NO PAR VALUE			100	no par value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date 3.2.04  
Check No. 4369  
By: UD

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.

Richard Guimond Feb 22, 04  
Signature of Officer Date  
Richard GUIMOND  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer