



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

Annual Report for the year: 2020  
 Corporation \_\_\_\_\_

**FILED**

JAN 13 2020

4712

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

1 Entity ID Number <b>70184</b>		2 Exact name of the Corporation <b>TRP Productions, Inc.</b>			
3 Principal Office Address <b>5 Springdale Drive</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4 NAICS Code <b>71130</b>		6 Brief description of the character of business conducted in Rhode Island <b>Performance, production and distribution of music.</b>			
5 State of Incorporation <b>RI</b>					
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Thomas Pasquarelli</b>			Vice-President Name <b>Thomas Pasquarelli</b>		
Street Address <b>5 Springdale Drive</b>			Street Address <b>5 Springdale Drive</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Thomas Pasquarelli</b>			Treasurer Name <b>Thomas Pasquarelli</b>		
Street Address <b>5 Springdale Drive</b>			Street Address <b>5 Springdale Drive</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10 Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			<b>100</b>	<b>Common</b>	<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Thomas Pasquarelli, President</b>				Date <b>1/8/20</b>	
Signature of Authorized Representative					
<b>SIGN DOCUMENT HERE</b>					