



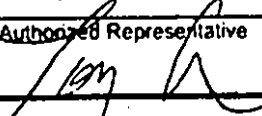
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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BUS SVCS DIV

2020 APR 17 A 8:49

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.

1. Entity ID Number <b>001684098</b>		2. Exact name of the Corporation <b>ORMONDE PRODUCTIONS, INC.</b>			
3. Principal Office Address <b>7 COMMERCIAL WAY</b>		City <b>WARREN</b>		State <b>RI</b>	Zip <b>02885</b>
4. NAICS Code <b>711310</b>		6. Brief description of the character of business conducted in Rhode Island <b>EVENT PRODUCTION</b>			
5. State of Incorporation <b>RHODE ISLAND</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>TONY ORMONDE</b>		Vice-President Name <b>NONE</b>			
Street Address <b>7 Commercial Way</b>		Street Address			
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City	State	Zip
Secretary Name <b>NONE</b>		Treasurer Name <b>NONE</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 <b>NONE</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>		Director Name <b>NONE</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		CNP	0.00
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 <b>TONY ORMONDE, INCORPORATOR</b>				Date <b>APRIL 16, 2020</b>	
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

FORM 630 - Revised, 10/2017

APR 17 2020

BY 78DPN  
A.A. 8:50 AM.