



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. 130069		2. Name of Corporation Big Orange Productions, Inc.			
3. Street Address (Principal Business Office) 93 Dana St.		City Providence		State RI	Zip 02906
4. Business Phone No. 401-273-9768		5. State of Incorporation RHODE ISLAND			6. SIC Code 7716
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE PROMOTIONS AND DISTRIBUTION OF GOODS AND SERVICES TO WHOLESALERS AND RETAILERS, PROVIDE VIDEO SERVICES AND CORPORATE TRAINING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Bellenoit			Vice President Name David Bellenoit		
Street Address 9 Bowen Court			Street Address 9 Bowen Ct.		
City Douglas	State MA	Zip 01506	City Douglas	State MA	Zip 01516
Secretary Name David Bellenoit			Treasurer Name David Bellenoit		
Street Address 9 Bowen Court			Street Address 9 Bowen Court		
City Douglas	State MA	Zip 01516	City Douglas	State MA	Zip 01516
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David Bellenoit			Director Name		
Street Address 9 Bowen Court			Street Address		
City Douglas	State MA	Zip 01516	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
8,000 NO PAR VALUE			None		

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



FILED
File Date _____
MAR 01 2005 12153
Check No. _____
By KB
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.

David Bellenoit 2/28/05
Signature of Officer Date
David Bellenoit
Print or Type Name of Officer
President
Title of Officer



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

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4. Business Phone No. <u>401-273-9768</u>	5. State of Incorporation <u>RI</u>		6. SIC Code <u>7716</u>
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Advertising + Marketing Consultants</u>			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILE IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>David Bellenoit</u>		Vice President Name <u>David Bellenoit</u>	
Street Address <u>93 Dana St.</u>		Street Address <u>93 Dana St.</u>	
City <u>Providence</u> State <u>RI</u> Zip <u>02906</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02906</u>		
Secretary Name <u>David Bellenoit</u>		Treasurer Name <u>David Bellenoit</u>	
Street Address <u>93 Dana St.</u>		Street Address <u>93 Dana St.</u>	
City <u>Providence</u> State <u>RI</u> Zip <u>02906</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02906</u>		
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILE IN SPACES BEFORE USING ATTACHMENTS			
Director Name <u>David Bellenoit</u>		Director Name	
Street Address <u>93 Dana St.</u>		Street Address	
City <u>Providence</u> State <u>RI</u> Zip <u>02906</u>	City State Zip		
Director Name		Director Name	
Street Address		Street Address	
City State Zip	City State Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			
AUTHORIZED SHARES			
Number of Shares <u>200,000 8,000</u>	Class/Series <u>No Par</u>	Par Value <u>None</u>	
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	

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

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

Form 630 12-01

FILED

File Date MAR 16 2004

Check No. By M 246-76

FOR SECRETARY OF STATE USE ONLY



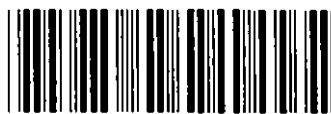
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			None -		

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



* 1 3 0 0 6 9 *

File Date	3-2-04
Check No.	8939
By	1UP
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 **David Bellenoit** Date **2/28/04**
Print or Type Name of Officer
President
Title of Officer