	State of Rhode I Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River St	reet	
	Providence RI 0290		
HOPE	(401) 222-304	.0	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time prescr penalty fee of \$25.00.		-
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>001697942</u>			
2. Exact Name of the Limited Liability Company <u>Heydey Productions, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>334310</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducte	ed in Rhode Island
FILM & TV PRODUCT	<u>rion.</u>		
5. Principal Office Addre	SS		
No. and Street: 30 I	HUDSON YARDS		
	<u>W YORK</u> State: <u>N</u>	<u>Y</u> Zip: <u>10001</u>	Country: USA
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact P	erson:
Contact Name: Contact	Title:		
No. and Street: <u>30 H</u>	IUDSON YARDS		_
City or Town: <u>NEV</u>	V YORK State: N	<u>Y</u> Zip: <u>10001</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Add	ress
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 27 Day of October, 2020 at 6:05:44 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved