State of Rhode Island Department of State - Business Services Division					FILED			
Annual Report for the	JAN 1 1 2029							
Corporation				а	v Yd	5-7		
→ Filing period: January → Filing Fee: \$50.00	1 - March 1			J				
→ Penalty Additional \$25	5.00 fee if form is no	ot filed by April 1.			Q	$\omega_{\perp}$		
1 Entity ID Number	ntity ID Number 2. Exact name of the Corporation							
000033363		T.M. MORRIS PRODUCTIONS, INC.						
3 Principal Office Address			City		State	Zıp		
14 PECK STREET			PROVIDES	NCE	RI	02903		
4. NAICS Code	6. Brief desc	ription of the charac	cter of business of	conducted in Rhod	le Island			
541430	GRAPHIC .	ART WORK						
5. State of Incorporation								
KHODE ISLAND								
7 List ALL officers (names ar	nd addresses)		<del></del>		ck the box to indi	ate an attachmen		
Fresident Name THERESA M.	Vice-President Name							
Street Address 11 PECK STREET			Street Address					
<sup>Oity</sup> PROVIDENCE	State RI	Zip 02903	City	<del></del> -	State	Zıp		
Secretary Name			Treasurer Name					
Street Address	Street Address							
City	State	Žip	City		State	Zip		
8 List ALL directors (names a	and addresses)				ck the box to indi	cate an attachmen	i 🗆	
Duector Name			Director Name	е				
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
Director Name			Director Name					
Street Address	Street Address							
Oly .	State	Zip	City		State	Zıp		
9. Shares Authorized		10. Shares Iss			heck the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER O	NUMBER OF SHARES		CLASS/SERIES PAR VALUE  0.00			
Changes require an additional filing.								
11 This report must be execu	uted on behalf of the	corporation by an	authorized repre	I sentative. If the co	rporation is in the	hands of a receive	er or	
trustee, this report must be e	xecuted on behalf of	the corporation by	the receiver or to	rustee.				
Under penalty of perjury, I ostatements, and that all sta	tements contained			including any acc	companying sch	edules and		
Name of Authorized Representative  Theres a M. Marris					January 5, 202/			
Theresa M. Morris Signature of Authorized Representative  Muera M. Morris					yara	my 5, 200		
//presa	M. Yhorus	<del></del>						

RI SOS Filing Number: 202185939830 Date: 1/11/2021 4:00:00 PM

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov