RI SOS Filing Number: 202189454410 Date: 2/1/2021 4:00:00 PM

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

STAMP

ANNUAL REPORT FOR THE YEAR 2021

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. Corporate ID No.	2. Name of Corporation
001659050	Scarred Heel Productions, Inc.

3. Street Address Principal Business Office	City	State	Zip
88 Fieldstone Lane	Saunderstown	RI	02874

4. NAICS Code	5. State of Incorporation
443410	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
film and TV screenwriting services

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Christopher M. Sparling	
Street Address	Street Address
88 Fieldstone Lane	
City / State / Zip	City / State / Zip
Saunderstown / RI / 02874	
Secretary Name	Treasurer Name
Christopher M. Sparling	Christopher M. Sparling
Street Address	Street Address
88 Fieldstone Lane	88 Fieldstone Lane
City / State / Zip	City / State / Zip
Saunderstown / RI / 02874	Saunderstown / RI / 02874

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	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: ("X" BOX FOR ATTACHMENT) ☐

10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

Number of Shares	Class/Series	Par Value
200 common shares $.01 par value		

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.

Signature — Date: 1/25/2021

Christopher M. Sparling
Print or Type Name

FILED

Secretary
Title

FEB 01 2021 KM

BY 2834

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