



State of Rhode Island

Department of State - Business Services Division

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. Entity ID Number 001682436		2. Exact name of the Corporation FIRST LOVE FILMS			
3. Principal Office Address 1990 S BUNDY DR STE 200			City LOS ANGELES		State CA
			Zip 90025		
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island ENTERTAINMENT SERVICES			
5. State of Incorporation CA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name EMMA KOSKOFF			Vice-President Name EMMA KOSKOFF		
Street Address 1990 S BUNDY DR STE 200			Street Address 1990 S BUNDY DR STE 200		
City LOS ANGELES	State CA	Zip 90025	City LOS ANGELES	State CA	Zip 90025
Secretary Name EMMA KOSKOFF			Treasurer Name EMMA KOSKOFF		
Street Address 1990 S BUNDY DR STE 200			Street Address 1990 S BUNDY DR STE 200		
City LOS ANGELES	State CA	Zip 90025	City LOS ANGELES	State CA	Zip 90025
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name EMMA KOSKOFF			Director Name		
Street Address 1990 S BUNDY DR STE 200			Street Address		
City LOS ANGELES	State CA	Zip 90025	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			0		COMMON
					NO 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.					
Name of Authorized Representative CRAIG TESSLER, CPA					Date 1/27/2021
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

BY

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