



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

Annual Report for the year: 2021
 Corporation

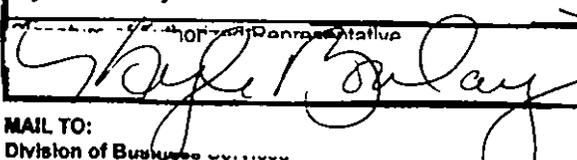
- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 26 2021

STAMP
 82

BY 077

1. Entity ID Number 001692004		2. Exact name of the Corporation BACKSTORY VIDEOGRAPHY, INC.			
3. Principal Office Address 1441 Park Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 812921		6. Brief description of the character of business conducted in Rhode Island Videography business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kyle R. Boulay			Vice-President Name Kyle R. Boulay		
Street Address 93 Wild Flower Circle			Street Address 33 Wild Flower Circle		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Kyle R. Boulay			Treasurer Name Kyle R. Boulay		
Street Address 93 Wild Flower Circle			Street Address 93 Wild Flower Circle		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kyle R. Boulay			Director Name None		
Street Address 93 Wild Flower Circle			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					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. <i>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.</i>					
Name of Authorized Representative Kyle R. Boulay					Date
 SIGN DOCUMENT HERE					

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