



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.

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BUS SVCS DIV
2021 APR -6 AM 11:54

1. Entity ID Number 1667421		2. Exact name of the Corporation Ward Horton Entertainment, INC							
3. Principal Office Address 2821 Congress St		City Fairfield	State CT						
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island Actor on HBO show "The Gilded Age"							
5. State of Incorporation CT									
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐									
President Name Ward Horton		Vice-President Name							
Street Address 2821 Congress St		Street Address							
City Fairfield	State CT	City	State						
Zip 06824		Zip							
Secretary Name		Treasurer Name							
Street Address		Street Address							
City	State	City	State						
Zip		Zip							
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐									
Director Name		Director Name							
Street Address		Street Address							
City	State	City	State						
Zip		Zip							
Director Name		Director Name							
Street Address		Street Address							
City	State	City	State						
Zip		Zip							
9. Shares Authorized 200		10. Shares Issued 0 Check the box to indicate an attachment ☐							
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td>\$20.00</td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0		\$20.00
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
0		\$20.00							
Changes require an additional filing.									
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 Ward Horton		Date 3/31/21							
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

FILED

APR 06 2021

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A.A. 12:00 PM