



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

STAMP

Annual Report for the year: 2019
Corporation

2021 JAN 27 PM 2:13

- 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 001340842		2. Exact name of the Corporation ONE FAT SUMMER PRODUCTIONS, INC.				
3. Principal Office Address 1342 N. LAUREL AVENUE, #101			City WEST HOLLYWOOD	State CA	Zip 90046	
4. NAICS Code 512100		6. Brief description of the character of business conducted in Rhode Island FILM PRODUCTION - PRODUCED A FEATURE FILM IN RHODE ISLAND				
5. State of Incorporation RI		TITLE: 7-1.2				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name CHRISTIAN TAYLOR			Vice-President Name			
Street Address 1342 N. LAUREL AVENUE, #101			Street Address			
City WEST HOLLYWOOD	State CA	Zip 90046	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>	
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		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	PAR VALUE	
		200		CNP	0.00	
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 CHRISTIAN TAYLOR					Date 1/06/21	
Signature of Authorized Representative 						

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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

MAY 05 2021

FORM 630 - Revised: 08/2020

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