RI SOS Filing Number: 202198853220 Date: 6/30/2021 12:01:00 PM

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 JUN 30 A 11:56

1. Entity ID Number	2. Exact name of the Corporation			
1663182	Big River Productions, Inc.			
3. Principal Office Address		City	State	Zip
10866 Wilshire Blvd., Suite 300		Los Angeles	CA	90024
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
711510	Entertainment			
5. State of Incorporation				
California				

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)					
President Name			Vice-President Name		
Mary Steenburgen					
Street Address			Street Address		
10866 Wilshire Blvd., Suite 300					
City	State	Zip	City	State	Zip
Los Angeles	CA	90024			
Secretary Name			Treasurer Name		
Joel Jacobson			Mary Steenburgen		
Street Address			Street Address		
10866 Wilshire Blvd., Suite 300			10866 Wilshire Blvd., Suite 300		
City	State	Zip	City	State	Zip
Los Angeles	CA	90024	Los Angeles	CA	90024

Check the box to indicate an attachment ☐

8. List ALL directors (names and addresses)					
Director Name			Director Name		
Mary Steenburgen					
Street Address			Street Address		
10866 Wilshire Blvd., Suite 300					
City	State	Zip	City	State	Zip
Los Angeles	CA	90024			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Shares Authorized	10. Shares Issued		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1,000	Common	$1.00
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	Date
Erika Easter	6/25/2021

Signature of Authorized Representative

FILED
JUN 30 2021
BY

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

FORM 630 - Revised: 08/2020