



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 1663182		2. Exact name of the Corporation Big River Productions, Inc.			
3. Principal Office Address 10866 Wilshire Blvd., Suite 300		City Los Angeles		State CA	Zip 90024
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island Entertainment			
5. State of Incorporation California					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Mary Steenburg			Vice-President Name		
Street Address 10866 Wilshire Blvd., Suite 300			Street Address		
City Los Angeles	State CA	Zip 90024	City	State	Zip
Secretary Name Joel Jacobson			Treasurer Name Mary Steenburg		
Street Address 10866 Wilshire Blvd., Suite 300			Street Address 10866 Wilshire Blvd., Suite 300		
City Los Angeles	State CA	Zip 90024	City Los Angeles	State CA	Zip 90024
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Mary Steenburg			Director Name		
Street Address 10866 Wilshire Blvd., Suite 300			Street Address		
City Los Angeles	State CA	Zip 90024	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	Common	\$1.00
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 Erika Easter					Date 6/25/2021
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

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BY CA 94N2 FORM 630 - Revised: 08/2020
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