



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.

**STAMP**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 JUL 15 P 12:20

1. Entity ID Number 1662794		2. Exact name of the Corporation Cloudbreak 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 services			
5. State of Incorporation CA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Charles Mcdowell			Vice-President Name		
Street Address 10866 Wilshire Blvd., Suite 300			Street Address		
City Los Angeles	State CA	Zip 90024	City	State	Zip
Secretary Name Charles Mcdowell			Treasurer Name Charles Mcdowell		
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 <input type="checkbox"/>
Director Name Charles Mcdowell			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		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		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.					
<b>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.</b>					
Name of Authorized Representative Erika Easter				Date 7/14/2021	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

**FILED**

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

JUL 15 2021  
 BY REH/HB FORM 630 - Revised: 10/2017  
 12:25