



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001018632

2. Exact Name of the Limited Liability Company ALLSPARK PICTURES LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

423920

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE NATURE OF THE BUSINESS OR PURPOSES TO BE CONDUCTED OR PROMOTED BY THE COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY AND TO EXERCISE ANY POWERS PERMITTED TO THE LIMITED LIMITED LIABILITY COMPANY.

5. Principal Office Address

No. and Street: 1027 NEWPORT AVENUE

City or Town: PAWTUCKET

State: RI

Zip: 02861

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 1027 NEWPORT AVENUE

City or Town: PAWTUCKET

State: RI

Zip: 02861

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	BRIAN GOLDNER	1011 NEWPORT AVENUE PAWTUCKET, RI 02861 USA
MANAGER	STEVE BERTRAM	2700 PENNSYLVANIA AVENUE, SUITE 1000 SANTA MONICA, CA 90404 USA
MANAGER	DARREN THROOP	134 PETER STREET, SUITE 700 TORONTO, ONTARIO, M5V 2H2 CAN

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 7 Day of September, 2021 at 2:28:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ANN COSTA
Signature of Authorized Person

Form No. 632
Revised 09/07

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