RI SOS Filing Number: 202103134240 Date: 10/12/2021 2:59:00 PM



Annual Report for the year: 2020

Limited Liability Company

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact nai	me of the Limite	ed Liability Company			_
904073			HIS, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
512110	FILM PRODUCTION			R21		
5. State of Formation					R.I. DE EUS 2021 OCT	
RI					크 SEP	Ç
6. Principal Office Address			City	State	Zip Ci 🔾	
274 W 11TH STREET SUITE 5R			NEW YORK	NY	10014 7	5
7. Mailing Address of Limited Lia	ability Compai	ny and Name o			is as	
Contact Name BRUCE COHEN			Contact Title MANAGER	Contact Title MANAGER		
Street Address 274 W 11TH STREET SUITE 5R			City NEW YORK	State NY	Zip 10014	
8. List ALL managers (names a	nd addresses) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST N	MEMBERS	_
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Z _i p	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
	·	I	-	Check the box to in	ndicate an attachment	ī
9. Resident Agent in Rhode Islan	nd This inform	ation is currently	of record with the Department of Sta	te. Changes require filin	g Form 642.	
Under penalty of perjury, I dec statements, and that all stater	lare and affi nents contail	rm that I have ned herein are	examined this report, including true and correct.	g any accompanying	schedules and	
Name of Authorized Person				Date		
BRUCE COHEN				150/8/01		
Signature of Authorized Person		Sic	N DOCUMENT HERE			

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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OCT 1 2 2021

FORM 632 - Revised: 10/2017