State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

APR 14 2023

212 DV

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
000090886	Breaking Branches Pictures, Inc.

3. Principal Office Address	City	State	Zip
409 Central Street, P.O. Box 733	Slatersville	RI	02876

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
090886	PRODUCTION OF STILL AND MOTION PHOTOGRAPHY, VIDEOGRAPHY AND DOCUMENTRY FILMS
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Christian de Rezendes			Vice-President Name		
Street Address: 409 Central Street, P.O. Box 733			Street Address		
City: Slatersville	State: RI	Zip: 02876	City	State	Zip
Secretary Name: same			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	0	100	0

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
Christian de Rezendes	4/10/23

Signature of Authorized Representative: Christian de Rezendes

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: 2/2023