



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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

**FILED**

MAY 15 2023

BY 173/OS

1. Entity ID Number <b>001750097</b>		2. Exact name of the Corporation <b>1929 Productions, Inc.</b>	
3. Principal Office Address <b>275 Harrison Ave</b>		City <b>Newport</b>	State <b>RI</b>
		Zip <b>02840</b>	
4. NAICS Code <b>453920</b>	6. Brief description of the character of business conducted in Rhode Island <b>Art and cultural production</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Margaret Chai Maloney</b>		Vice-President Name <b>Margaret Chai Maloney</b>	
Street Address <b>275 Harrison Ave</b>		Street Address <b>275 Harrison Ave</b>	
City <b>Newport</b>	State <b>RI</b>	City <b>Newport</b>	State <b>RI</b>
Zip <b>02840</b>		Zip <b>02840</b>	
Secretary Name <b>Margaret Chai Maloney</b>		Treasurer Name <b>Margaret Chai Maloney</b>	
Street Address <b>275 Harrison Ave</b>		Street Address <b>275 Harrison Ave</b>	
City <b>Newport</b>	State <b>RI</b>	City <b>Newport</b>	State <b>RI</b>
Zip <b>02840</b>		Zip <b>02840</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Margaret Chai Maloney</b>		Director Name	
Street Address <b>275 Harrison Ave</b>		Street Address	
City <b>Newport</b>	State <b>RI</b>	City	State
Zip <b>02840</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/STRIKES	
		100	a
			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.			
<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 <b>Francis J Casey, Jr</b>			Date <b>05.08.2023</b>
Signature of Authorized Representative 			