




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

MAIL TO:
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