



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

Fee: \$310.00

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

**Foreign Corporation**

**Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The name of the corporation is CUCKOO'S NEST ENTERTAINMENT

**SECTION II**

It is incorporated under the laws of State: CA Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

**SECTION III**

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

CUCKOO'S NEST ENTERTAINMENT INC.

*Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application*

**SECTION IV**

The date of its incorporation is 9/6/2006

and the period of its duration is X Perpetual     

**SECTION V**

The location of its principal office is

No. and Street: 47 WOOD AVE

SUITE 2

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE

SUITE 2

City or Town: BARRINGTON

State: RI

Zip: 02806

and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC

**SECTION VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

FILM DIRECTION

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PHILIP TRAILL	2404 CLOVERFIELD BLVD SANTA MONICA , CA 90405 USA
TREASURER	PHILIP TRAILL	2404 CLOVERFIELD BLVD SANTA MONICA, CA 90405 USA
SECRETARY	PHILIP TRAILL	2404 CLOVERFIELD BLVD SANTA MONICA, CA 90405 USA
VICE PRESIDENT	PHILIP TRAILL	2404 CLOVERFIELD BLVD SANTA MONICA, CA 90405 USA
DIRECTOR	PHILIP TRAILL	2404 CLOVERFIELD BLVD SANTA MONICA , CA 90405 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PHILIP TRAILL	2404 CLOVERFIELD BLVD SANTA MONICA , CA 90405 USA
TREASURER	PHILIP TRAILL	2404 CLOVERFIELD BLVD SANTA MONICA, CA 90405 USA
SECRETARY	PHILIP TRAILL	2404 CLOVERFIELD BLVD SANTA MONICA, CA 90405 USA
VICE PRESIDENT	PHILIP TRAILL	2404 CLOVERFIELD BLVD SANTA MONICA, CA 90405 USA
DIRECTOR	PHILIP TRAILL	2404 CLOVERFIELD BLVD SANTA MONICA , CA 90405 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CNP			\$0.0000	1.00

Signed this 15 Day of June, 2023 at 4:45:12 PM by the officers(s). 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.

By PHILIP TRAILL  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

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# Secretary of State

## Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

<b>Entity Name:</b>	CUCKOO'S NEST ENTERTAINMENT
<b>Entity No.:</b>	2926358
<b>Registration Date:</b>	09/06/2006
<b>Entity Type:</b>	Stock Corporation - CA - General
<b>Formed In:</b>	CALIFORNIA
<b>Status:</b>	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of June 14, 2023.

**SHIRLEY N. WEBER, PH.D.**  
**Secretary of State**

**Certificate No.:** 119776330

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 15, 2023 04:43 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

