State of Rhode Island
**Department of State - Business Services Division**

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**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.

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 1749752 | TWO FOURTEEN, INC | | |
| 3. Principal Office Address | City | State | Zip |
| 1328 ARCH ST | BERKELEY | CA | 94708 |
| 4. NAICS Code: 512110 | 6. Brief description of the character of business conducted in Rhode Island: MOTION PICTURE PRODUCTION AS CINEMATOGRAPHER FOR HOCUS POCUS 2, A DISNEY plus PRODUCTION | | |
| 5. State of Incorporation: CALIFORNIA | | | |

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

| President Name | | | Vice-President Name | | |
|---|---|---|---|---|---|
| ELLIOT DAVIS | | | PAMELA WOODBRIDGE | | |
| Street Address: 1328 ARCH ST | | | Street Address: 1328 ARCH ST | | |
| City: BERKELEY | State: CA | Zip: 94708 | City: BERKELEY | State: CA | Zip: 94708 |
| Secretary Name | | | Treasurer Name: PAMELA WOODBRIDGE | | |
| Street Address | | | Street Address: 1328 ARCH ST. | | |
| City | State | Zip | City: BERKELEY | State: CA. | Zip: 94708 |

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

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| NONE | | | NONE | | |
| 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.

Changes require an additional filing.

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 10,000 | | 0.00 |
| | | |

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: ELLIOT DAVIS — Date: DEC 21, 2023

Signature of Authorized Representative

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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 04/2023

FILED JAN 23 2024 BY

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