

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 <u>1749752</u>	2. Exact name of the Corporation <u>TWO FOURTEEN, INC</u>
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3. Principal Office Address <u>1328 ARCH ST</u>	City <u>BERKELEY</u>	State <u>CA</u>	Zip <u>94708</u>
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4. NAICS Code <u>512110</u>	6. Brief description of the character of business conducted in Rhode Island <u>MOTION PICTURE PRODUCTION AS CINEMATOGRAPHER FOR HOWS PONS 2, A DISNEY PLUS PRODUCTION</u>
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5. State of Incorporation <u>CALIFORNIA</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>ELLIOT DAVIS</u>	Vice-President Name <u>PAMELA WOODBRIDGE</u>
Street Address <u>1328 ARCH ST</u>	Street Address <u>1328 ARCH ST</u>
City <u>BERKELEY</u> State <u>CA</u> Zip <u>94708</u>	City <u>BERKELEY</u> State <u>CA</u> Zip <u>94708</u>
Secretary Name	Treasurer Name <u>PAMELA WOODBRIDGE</u>
Street Address	Street Address <u>1328 ARCH ST.</u>
City	City <u>BERKELEY</u> State <u>CA</u> Zip <u>94708</u>

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

Director Name <u>NONE</u>	Director Name <u>NONE</u>
Street Address	Street Address
City	City
Director Name	Director Name
Street Address	Street Address
City	City

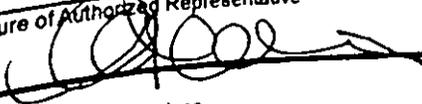
9. Shares Authorized Check the box to indicate an attachment

10. Shares Issued NUMBER OF SHARES <u>10,000</u>	CLASS/SERIES	PAR VALUE <u>10.00</u>

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 <u>ELLIOT DAVIS</u>	Date <u>DEC 21, 2023</u>
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Signature of Authorized Representative  


MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.bos.ri.gov

FORM 630- Revised 04/2023

RECEIVED  
STATE

FILED  
JAN 23 2024  
BY [Signature]

FILED  
JAN 24 2024  
BY ASTGT  
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