RI SOS Filing Number: 202444698160 Date: 1/25/2024 8:55:00 AM

State of Rhode Islan		Oi	<b></b>				
Department of State - Business Services I Annual Report for the year: 2023			profiveD 1				
Corporation ————————————————————————————————————			RECEIVED  OLL DEPT. OF STATE  OLD SYCS PI				
Filling period: February 1	- May 1			. •	16343 SACS		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				20211 JAN 25 A 8: 57			
Entity ID Number		f the Corporation		ή	Wit Nev		
001746706	Farmhous	e Studios I	nc				
3. Principal Office Address			City		State	Ζιp	
530 Long Highway			Little (	Compton	RI	02837	
4. NAICS Code	<ol><li>Brief descripti</li></ol>	Brief description of the character of business conducted in Rhode Island					
512110	film product	film production					
5. State of Incorporation							
RI							
7 List ALL officers (names and addresses) President Name				Check the box to indicate an attachment			
Jeffrey Azıze				Jeffrey Azize			
Street Address 530 Long Highway			Street Address 530 Long Highway				
Little Compton	State RI	<sup>Z<sub>1</sub>p</sup> 02837	City Little Compton State R			I 02837	
Secretary Name Maureen Azize				Treasurer Name Jeffrey Azize			
Street Address 530 Long Highway				Street Address 530 Long Highway			
<sup>City</sup> Little Compton	State RI	<sup>Zıp</sup> 02837	City Littl	e Compton	State R	l <sup>Zip</sup> 02837	
List ALL directors (names and a Director Name	addresses)		Director Na		he box to indica	te an attachment	
			Director (value				
Street Address				Street Address			
City	State	Zıp	City		State	State Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
9. Shares Authorized	10 Shares Iss						
This information is currently of record in the Department of State. Changes require an additional filing.		100 C		CNP	0		
11. This report must be executed					orporation is in	the hands of a re-	
ceiver or trustee, this report must Under penalty of perjury, I deck	be executed on be	half of the corporate	ation by the	receiver or trustee.	companying s	schedules and	
statements, and that all stateme	ents contained he						
Name of Authorized Representative  Jeffrey Azize					Date //	25/24	
Signature of Authorized Representative FILED					1 70	~-/~/	
	<u> </u>	<u> </u>		t N E viide			
MAIL TO: Division of Business Services  JAN 2 5 2024  CV L							

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630- Revised: 12/2023