RI SOS Filing Number: 202445684900 Date: 2/6/2024 10:54:00 AM



State of Rhode Island Office of the Secretary of State

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

Limited Liability Company Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2024**: 2024

- 1. **ID No.** 000509966
- 2. Exact Name of the Limited Liability Company HASBRO STUDIOS LLC
- 3. State of Formation

State: DE

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

423920

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO DESIGN, DEVELOP, CREATE, MARKET, DISTRIBUTE AND COMMERCIALIZE VARIOUS

FORMS OF ENTERTAINMENT, INCLUDING ANIMATED AND LIVE ACTION ENTERTAINMENT, FOR

<u>DISTRIBUTION ACROSS ALL FORMS OF MEDIA AND DISTRIBUTION PLATFORMS, INCLUDING</u>

BROADCAST AND CABLE TELEVISION, THEATRICAL RELEASE, DVDS, INTERNET DISTRIBUTION, DOWNLOAD TO OWN, AND THROUGH ANY OTHER FORMS OF MEDIA NOW

EXISTING OR HEREAFTER DEVELOPED, AS WELL AS TO CONDUCT ANY OTHER BUSINESS

WHICH IS LAWFULLY PERMITTED.

5. Principal Office Address

Fee: \$50.00

No. and Street: 3333 W EMPIRE AVENUE

City or Town: <u>BURBANK</u> State: <u>CA</u> Zip: <u>91504</u> Country: <u>USA</u>

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: <u>CATERINA RORICK</u> Contact Title: <u>SR. CORPORATE PARALEGAL</u>

No. and Street: 1027 NEWPORT AVE

City or Town: PAWTUCKET State: RI Zip: 02861 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 6 Day of February, 2024 at 10:55:20 AM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By TARRANT SIBLEY

Signature of Authorized Person

Form No. 632 Revised 09/07

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