RI SOS Filing Number: 202448016500 Date: 3/6/2024 3:10:00 PM

State of Rhode Islar Department of S		es Sanjisas [Division					
Annual Report for the year:	<u>.</u> .	ss services t	ווטופועונ			N ²	5	
Corporation 2024						<u>4</u> 2		
Filing period: February 1 - May 1						₹		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.						6	22	
I. Entity ID Number 2. Exact name of the Corporation						<u></u>	<u> </u>	
001749418		'auli In	<i>C.</i>	EC'D RID :S BS2			(CD	
Principal Office Address	<u> </u>	<u> </u>	City		State	<u>~~~</u>	Zip	
11440 Highrid	ge Ct.		San	ra Rosa Valley	(N	93012	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
5. State of Incorporation Film Production								
CK			_					
7. List ALL officers (names and addresses) President Name A				Check the box to indicate an attachment Vice-President Name				
President Name Aldric L. Porter			Nice-President Name					
Street Address Highridge a.			Street Address					
Syntz Rizza III	State	Zip 93012	City	·	State		Zip	
Secretary Name			Treasurer Name None					
Street Address				Street Address				
City	State	Zip	City		State		Zıp	
8. List ALL directors (names and a	ddresses)	↓ ,		Check the bo	y to indi	icate an atta	chmont 🗆	
Director Name	Director N	ame .	x 10 11101	cate an otta	cimen (
Street Address			Street Address					
City	IState	Zip	City	<u> </u>	State		7in	
Director Name							Zip	
			Director Name					
Street Address			Street Address					
City	State	Ζιρ	City		State	- 1	Zip	
9. Shares Authorized 10. Shares Issued This information is currently of record in the NUMBER OF SHA				Check the bo	x to ind			
Department of State.	. o tile	~	174 (2.0)	CLASSITERIES			AR VALUE	
Changes require an additional filing.							<u>) </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 re-								
ceiver 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 Aldric L. Polter					Date	28/20	24	
Signature of Authorized Representative								
Mu Crack								
MAIL TO: Division of Business Services								

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

Website: www.sos.n.gov

Phone: (401) 222-3040

FORM 630- Revised: 12/2023

3: (0 MAR 0 6 2024 BY_001_V5