State of Rhode Islan Department of St		ess Services I	Division				
Annual Report for the year: Corporation	2024					RE 24	
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 						TMAR 6 P	
1. Entity ID Number	2 Eventare	-fab - O			-	<u> </u>	
001749418	La	La'auli IAC				3:08 3:08 3:08	
3. Principal Office Address II 440 Highrid	ar Ct.	•	City	ta Posa Valley	State (<u>.</u> Q Ziρ	
4. NAICS Code 512199	Brief descrip		er of busine	ss conducted in Rhode I	land		
5. State of Incorporation	Film Production						
7. List ALL officers (names and add	drocess)	- · · · · · · · · · · · · · · · · · · ·		<u> </u>			
President Name Aldric L	- Poster			Check the box to indicate an attachment Vice-President Name			
Street Address Highridge	_			Street Address			
Santa Rusa VIII	State CA	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 addresses) Check the box to indicate an attachment							
Hone				Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name	Di			Director Name			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized This information is currently of recor	d in the	10. Shares Issue			x to indica	te an atlachment 🔲	
Department of State.	a in the	NOMBER OF SI	HARES	CLASS/SERIES		PAR VALUE	
Changes require an additional filing.							
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 Date ,						4/2021	
Signature of Authorized Representative							
Mu Crass							
AIL TO! FILED							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.n.gov

FORM 630- Revised: 12/2023

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