



State of Rhode Island
Department of State - Business Services Division

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.

STAMP

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1. Entity ID Number <u>001749418</u>		2. Exact name of the Corporation <u>La'auli, Inc</u>												
3. Principal Office Address <u>11440 Highridge Ct.</u>			City <u>Santa Rosa Valley</u>	State <u>CA</u>	Zip <u>93012</u>									
4. NAICS Code <u>512199</u>		6. Brief description of the character of business conducted in Rhode Island <u>Film Production</u>												
5. State of Incorporation <u>CA</u>														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name <u>Aldric L. Porter</u>			Vice-President Name <u>None</u>											
Street Address <u>11440 Highridge Ct.</u>			Street Address											
City <u>Santa Rosa Vly</u>	State <u>CA</u>	Zip <u>93012</u>	City	State	Zip									
Secretary Name <u>None</u>			Treasurer Name <u>None</u>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name <u>None</u>			Director Name <u>None</u>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td></td> <td><u>0</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>0</u>		<u>0</u>			
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<u>0</u>		<u>0</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>Aldric L. Porter</u>				Date <u>2/28/2024</u>										
Signature of Authorized Representative <u>[Signature]</u>														

FILED

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

3:09

MAR 06 2024
BY ML V55Y9 FORM 630- Revised: 12/2023