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Application for Certificate of Authority

FOREIGN Business Corporation

 \rightarrow Filing Fee: \$310.00 minimum

Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:

GRANVILLE AVE FILMS

2. It is incorporated under the laws of: CALIFORNIA

3. The name, if different, which it elects to use in Rhode Island is: GRANVILLE AVE FILMS INC.

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is: January 26, 2016

And the period of its duration is: CHECK ONE BOX ONLY

Perpetual (on-going)

Date certain for dissolution

5. The address of its principal office is:

10960 WILSHIRE BLVD., STE. 1900, LOS ANGELES, CA 90024

6. The name and address of the initial registered agent/office in Rhode Island:

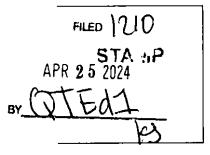
Agent Name REGISTERED AGENT SOLUTIONS, INC.

Street Address (NOT a P.O. Box)

222 JEFFERSON BLVD., SUITE 200

City/Town	State BUODE ISLAND	Zip Code
WARWICK	RHODE ISLAND	02888

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



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7. The purpose or purpo	ses which it n	oposes to pursu	e in the	transaction of h	business in Rhode Island are:
		oposes to pursu			
8. (a) The names and re state or country of which			tors (opl	tional, unless di	irectors are required under the laws of the
NAME		ADDRESS			
ROBERT ELSWIT		10960 WILSHIRE BLVD., STE. 1900, LOS ANGELES, CA 90024			
			<u> </u>		
		-			Check the box to indicate an attachment
8. (b) The names and re of the state or country o			cipal offic	ers (mandatory	y if directors are not required under the laws
OFFICE	NAME			ADDRESS	
PRESIDENT	ROBERT ELSWIT			10960 WILSHIRE BLVD., SUITE 1900, LOS ANGELES, CA 90024	
VICE PRESIDENT					
TREASURER	ROBERT ELSWIT			10960 WILSHIRE	BLVD., SUITE 1900, LOS ANGELES, CA 90024
SECRETARY	ROBERT ELSWIT			10960 WILSHIRE BLVD., SUITE 1900, LOS ANGELES, CA 90024	
	1				Check the box to indicate an attachment
9. The aggregate numb par value, and series, if			rity to is	sue; itemized b	by classes, par value of shares, shares without
NUMBER OF SHARES	CLAS	S		SERIES	PAR VALUE OR STATE NO PAR VALUE
1,000	COMMO	N			\$1.00
			at the e	stimated value	of the property of the corporation to be
	during the foll	owing year bear	s to the	value of all prop	perty of the corporation to be owned during
%)				
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (<i>Note: Percentage obtained from worksheet.</i>)					
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12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.				
13. Date when the Certificate of Authority will be effective: Cl	HECK ONE BOX ONLY			
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
14. Under penalty of perjury, I declare and affirm that I have any accompanying attachments, and that all statements con	examined this Application for Certificate of Authority, including tained herein are true and correct.			
Type or Print Name of Authorized Officer	Date			
ROBERT ELSWIT	× 4/24/2024			
Signature of Authorized Officer of the Corporation	•			
× (PODEsc				



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	GRANVILLE AVE FILMS
Entity No.:	3866677
Registration Date:	01/26/2016
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 23, 2024.

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SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 203144726

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 25, 2024 12:10 PM

Treng M. Course

Gregg M. Amore Secretary of State

