



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2024-05-20 10:00:00

1. Entity ID Number 001750239		2. Exact name of the Corporation Studio 44 Productions, Inc			
3. Principal Office Address 11 Wagon Road		City Cumberland		State RI	Zip 02864
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island Sports Media			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Karalis			Vice-President Name John Karalis		
Street Address 11 Wagon Rd			Street Address 11 Wagon Rd		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name John Karalis			Treasurer Name John Karalis		
Street Address 11 Wagon Rd			Street Address 11 Wagon Rd		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
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					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 John Karalis					Date 05/20/24
Signature of Authorized Representative					
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

MAY 20 2024
BY ml 1070

FORM 630- Revised 12/2023