



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.

RECEIVED
SECRETARY
CORPORATE

JUL 01 2024

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2024 JUN -7

1. Entity ID Number 001750097		2. Exact name of the Corporation 1929 Productions, Inc.			
3. Principal Office Address 275 Harrison Ave			City Newport	State RI	Zip 02840
4. NAICS Code 453920		5. Brief description of the character of business conducted in Rhode Island Art and cultural production			
6. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name: Margaret Chai Maloney			Vice-President Name: Margaret Chai Maloney		
Street Address: 275 Harrison Ave			Street Address: 275 Harrison Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name: Margaret Chai Maloney			Treasurer Name: Margaret Chai Maloney		
Street Address: 275 Harrison Ave			Street Address: 275 Harrison Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name: Margaret Chai Maloney			Director Name:		
Street Address: 275 Harrison Ave			Street Address:		
City Newport	State RI	Zip 02840	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 Francis J Casey, Jr					Date 5/15/24
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

145 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov