



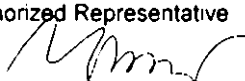
State of Rhode Island
Department of State - Business Services Division

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.

REC'D RHODES BSD
24 JUL 24 AM 11:01:30

1. Entity ID Number 001739629		2. Exact name of the Corporation ZAHABILL PRODUCTIONS, INC			
3. Principal Office Address 47 Wood Ave Suite 2			City Barrington	State RI	Zip 02806
4. NAICS Code 512110		6. Brief description of the character of business conducted in Rhode Island Film and Television Production Cinematography Services			
5. State of Incorporation NY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Manuel Billeter			Vice-President Name Manuel Billeter		
Street Address 551 Fifth Avenue Suite 400			Street Address 551 Fifth Avenue Suite 400		
City New York	State NY	Zip 10176	City New York	State NY	Zip 10176
Secretary Name Manuel Billeter			Treasurer Name Manuel Billeter		
Street Address 551 Fifth Avenue Suite 400			Street Address 551 Fifth Avenue Suite 400		
City New York	State NY	Zip 10176	City New York	State NY	Zip 10176
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Manuel Billeter			Director Name Manuel Billeter		
Street Address 551 Fifth Avenue Suite 400			Street Address 551 Fifth Avenue Suite 400		
City New York	State NY	Zip 10176	City New York	State NY	Zip 10176
Director Name Manuel Billeter			Director Name Manuel Billeter		
Street Address 551 Fifth Avenue Suite 400			Street Address 551 Fifth Avenue Suite 400		
City New York	State NY	Zip 10176	City New York	State NY	Zip 10176
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			Common / A	No Par	
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 Manuel Billeter				Date 07/12/2024	
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

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BY X5522
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FORM 630- Revised 12/2023