



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.

RECD & INDEXED  
21 AUG 8 PM 11:28:56  
STATE OF RHODE ISLAND

1. Entity ID Number 001718216		2. Exact name of the Corporation GRANDON PRODUCTIONS, INC	
3. Principal Office Address 159 WEST 53RD STREET SUITE 32C		City NEW YORK	State NY
		Zip 10019	
4. NAICS Code 711300	6. Brief description of the character of business conducted in Rhode Island TELEVISION AND MOTION PICTURE ACTING SERVICES		
5. State of Incorporation NEW YORK			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name DONNA MURPHY		Vice-President Name DONNA MURPHY	
Street Address 159 WEST 53RD STREET SUITE 32C		Street Address 159 WEST 53RD STREET SUITE 32C	
City NEW YORK	State NY	Zip 10019	City NEW YORK
			State NY
			Zip 10019
Secretary Name DONNA MURPHY		Treasurer Name DONNA MURPHY	
Street Address 159 WEST 53RD STREET SUITE 32C		Street Address 159 WEST 53RD STREET SUITE 32C	
City NEW YORK	State NY	Zip 10019	City NEW YORK
			State NY
			Zip 10019
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name DONNA MURPHY		Director Name	
Street Address 159 WEST 53RD STREET SUITE 32C		Street Address	
City NEW YORK	State NY	Zip 10019	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		200	CNP
			\$0.0000
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 JEFFREY RESNICK		FILED	Date 8/6/24
Signature of Authorized Representative		AUG 07 2024	
		BY	

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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