



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 & INDEXED
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STATE OF RHODE ISLAND
SOS MP

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) Check the box to indicate an attachment ☐					
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) Check the box to indicate an attachment ☐					
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 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 ☐			
		NUMBER OF SHARES	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
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Website: www.sos.ri.gov