



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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 PSD
21 AUG 7 AM 11:27:07

STAMP

FOR
SECRETARY OF STATE
OFFICE

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 <input type="checkbox"/>			
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
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

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name DONNA MURPHY		Director Name	
Street Address 159 WEST 53RD STREET SUITE 32C		Street Address	
City NEW YORK	State NY	Zip 10019	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City

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 <input type="checkbox"/>			
	NUMBER OF SHARES CLASS/SERIES PAR VAL UF			
	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 30%; padding: 5px;">200</td> <td style="border: 1px solid black; width: 40%; padding: 5px;">CNP</td> <td style="border: 1px solid black; width: 30%; padding: 5px;">\$0.0000</td> </tr> </table>	200	CNP	\$0.0000
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	Date 8/6/24
---	-----------------------

Signature of Authorized Representative 	FILED AUG 07 2024 BY SAM 8H 1127
--	---

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov