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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001742960	Harsh V Preductions LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
512110	Video Production Entertainment					
5. State of Formation		,				
RI						
6. Principal Office Address		City	State	Zip		
10/9 510 8C	field line	fostee	RI	02825		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name JUSEPH CAMARA		Contact Title	Contact Title Member			
Street Address 28 012 Plai	Mich Pine	City Foster	State RT	Zip 0282F		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. 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 Person		Date				
Joseph CAMARA		12-11-2024				
Signature of Authorized Person						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 21.38

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