



State of Rhode Island
Department of State - Business Services Division

FIELD 41

Annual Report for the year: 2025
Corporation

JAN 27 2025 STAMP
BY 30360

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001659050		2. Exact name of the Corporation Scarred Heel Productions, Inc.			
3. Principal Office Address 88 Fieldstone Lane		City Saunderstown		State RI	Zip 02874
4. NAICS Code 443410		6. Brief description of the character of business conducted in Rhode Island Film and TV screenwriting services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher M. Sparling			Vice-President Name		
Street Address 88 Fieldstone Lane			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
Secretary Name Christopher M. Sparling			Treasurer Name Christopher M. Sparling		
Street Address 88 Fieldstone Lane			Street Address 88 Fieldstone Lane		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
		200 Common Shares 0.01 par value			
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 CHRISTOPHER SPARLING					Date 1/23/2025
Signature of Authorized Representative 					

MAIL TO:
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