



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

1. ID No. 000522490

2. Exact Name of the Limited Liability Company SANTINI PRODUCTIONS LLC

3. State of Formation

State: DE

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

423920

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO DESIGN, DEVELOP, CREATE, MARKET, DISTRIBUTE AND COMMERCIALIZE  
VARIOUS  
FORMS OF ENTERTAINMENT, INCLUDING ANIMATED AND LIVE ACTION  
ENTERTAINMENT, FOR  
DISTRIBUTION ACROSS ALL FORMS OF MEDIA AND DISTRIBUTION PLATFORMS,  
INCLUDING  
BROADCAST AND CABLE TELEVISION, THEATRICAL RELEASE, DVDS, INTERNET  
DISTRIBTUION, DOWNLOAD TO OWN, AND THROUGH ANY OTHER FORMS OF  
MEDIA NOW  
EXISTING OR HEREAFTER DEVELOPED, AS WELL AS TO CONDUCT ANY OTHER  
BUSINESS  
WHICH IS LAWFULLY PERMITTED.

5. Principal Office Address

No. and Street: 3333 W EMPIRE AVENUE  
City or Town: BURBANK State: CA Zip: 91504 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: CATERINA RORICK Contact Title: SR. CORPORATE PARALEGAL  
No. and Street: 1027 NEWPORT AVE  
City or Town: PAWTUCKET State: RI Zip: 02861 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 12 Day of February, 2025 at 12:07:07 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By TARRANT SIBLEY  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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