	State of Rhode Islan Department of St	tate of Rhode Island epartment of State - Business Services Division			
Annual Report for the year: Limited Liability Company		2025			
→ Filir	ng period: February 1 - ng Fee: \$50.00 alty: Additional \$25.00 (	ee if form is not filed by May 31.			

1. Entity ID Number 001729897						
3. NAICS Code 512110	Brief description of the character of business conducted in Rhode Island     VIDEO SHOOTING, EDITING AND PRODUCTION					
5. State of Formation RI				·		
6. Principal Office Address	<del></del>	City	State	Zip		
143 SAYLES HILL R	OAD	NORTH SMITHFIELD	RI	02896		
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person				
Contact Name THOMAS	AUCLAIR	Contact Title OWNER				
Street Address 143 SAYL	ES HILL ROAD	City NORTH	State RI	<sup>Zip</sup> 02896		
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accurate. C	hanges requir	filing Form 642.		
	y, I declare and affirm that I h latements contained herein a	ave examined this report, including ar re true and correct.	ny accompany	ring schedules and		
Name of Authorized Person		Date				
THOMAS AUCLAIR	///		21 FEBRUARY 2025			
Signature of Authorized Per	son //	7				
711	9					

**FILED** 

FEB 2 4 2025

MAIL TO:

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

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

(B) BY 1072