



State of Rhode Island  
Office of the Secretary of State

Fee: \$310.00

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

Foreign Corporation  
Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Blinding Edge Pictures, Inc.

SECTION II

It is incorporated under the laws of State: PA Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

*Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application*

SECTION IV

The date of its incorporation is 12/8/1992

and the period of its duration is  Perpetual

SECTION V

The location of its principal office is

No. and Street: 18 CAMPUS BOULEVARD  
SUITE 100

City or Town: NEWTOWN SQUARE

State: PA

Zip: 19073

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 700 NARRAGANSETT PARK DR  
STE 100

City or Town: PAWTUCKET

State: RI

Zip: 02861

and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

FILM AND RELATED ACTIVITIES.

**SECTION VIII**

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	M. NIGHT SHYAMALAN	18 CAMPUS BOULEVARD, SUITE 100 NEWTOWN SQUARE, PA 19073 USA
DIRECTOR	M. NIGHT SHYAMALAN	18 CAMPUS BOULEVARD, SUITE 100 NEWTOWN SQUARE, PA 19073 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	M. NIGHT SHYAMALAN	18 CAMPUS BOULEVARD, SUITE 100 NEWTOWN SQUARE, PA 19073 USA
DIRECTOR	M. NIGHT SHYAMALAN	18 CAMPUS BOULEVARD, SUITE 100 NEWTOWN SQUARE, PA 19073 USA

**SECTION IX**

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<b>Class of Stock</b>	<b>Series of Stock</b>	<b>Par Value Per Share</b>	<b>Total Authorized Shares</b> <i>Num of Shares</i>	
CNP			\$0.0000	200.00

**Signed this 13 Day of June, 2025 at 10:44:04 AM by the officers(s).** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By M. NIGHT SHYAMALAN  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
dos.pa.gov/BusinessCharities

**Regarding:** BLINDING EDGE PICTURES, INC.  
**Request Type:** Subsistence Certificate **Issuance Date:** June 13, 2025  
**Request No.:** 058428632 **File No.:** 0002184576  
**Receipt No.:** 001779547  
**Filing Type:** Domestic Business Corporation  
**Filing Subtype:** Business  
**Initial Filing Date:** December 08, 1992  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

BLINDING EDGE PICTURES, INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

A handwritten signature in cursive script, appearing to read "Albert Schmidt".

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)