



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

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

STAMP

FOR
SECRETARY OF
STATE
USE ONLY

RECORDED
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BSD

1. Entity ID Number 001699955		2. Exact name of the Corporation Screenplayed Inc.			
3. Principal Office Address 530 Long Highway			City Little Compton	State RI	Zip 02837
4. NAICS Code 512110	6. Brief description of the character of business conducted in Rhode Island Development, writing, and production of digital media content, including original films for theatrical release and streaming platforms, as well as promotional videos and branded content				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John Kinnane			Vice-President Name John Kinnane		
Street Address 530 Long Highway			Street Address 530 Long Highway		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name John Kinnane			Treasurer Name John Kinnane		
Street Address 530 Long Highway			Street Address 530 Long Highway		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name John Kinnane			Director Name		
Street Address 530 Long Highway			Street Address		
City Little Compton	State RI	Zip 02837	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 10,000	CLASS/SERIES CWP	PAR VALUE \$ 0.0100
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 John Kinnane				Date 4/30/25	
Signature of Authorized Representative				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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