



**State of Rhode Island
Department of State - Business Services Division**

STAMP

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 DEC 19 2 19

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|---------------------------------------|--|
| 1. Entity ID Number 1743318 | 2. Exact name of the Corporation Harms Way Films, Inc. |
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|---|-------------------------------|--------------------|---------------------|
| 3. Principal Office Address 1202 Poinsettia Drive | City West Hollywood | State CA | Zip 90046 |
|---|-------------------------------|--------------------|---------------------|

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| 4. NAICS Code 711510 | 6. Brief description of the character of business conducted in Rhode Island Film and television production |
| 5. State of Incorporation CA | |

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|--|-----------------|------------------|---------------------------------|-------|-----|
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Tim Harms | | | Vice-President Name None | | |
| Street Address 1202 Poinsettia Drive | | | Street Address | | |
| City West Hollywood | State CA | Zip 90046 | City | State | Zip |
| Secretary Name None | | | Treasurer Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| | | | | | |
|---|-----------------|------------------|---------------------------|-------|-----|
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Tim Harms | | | Director Name None | | |
| Street Address 1202 Poinsettia Drive | | | Street Address | | |
| City West Hollywood | State CA | Zip 90046 | City | State | Zip |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| | | | |
|--|---|--------------|------------|
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | 1000 | N/A | .00 |
| | | | |

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 Tim Harms | Date Dec. 14, 2023 |
|---|------------------------------|

| | |
|--|--------------|
| Signature of Authorized Representative | FILED |
|--|--------------|

DEC 19 2023

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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