RI SOS Filing Number: 200701278450 Date: 10/12/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: $20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
144259	Media Youth Television		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RHODE ISLAND	35 Ridgeway Ave.	Providence	02909
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
Out-of-School- Time Program To Deliver Comprehensive Media Training To Youth 12- 20

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Desi Washington					
Street Address			Street Address		
35 Ridgeway Ave					
City	State	Zip	City	State	Zip
Providence	RI	02909			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name			Director Name		
Darryl Jett			Maila Touray		
Street Address			Street Address		
231 Gallatin St.			40 Victoria St.		
City	State	Zip	City	State	Zip
Providence	RI	02907	Providence	RI	02909
Director Name			Director Name		
Indigo Bethea			Anthony Knight		
Street Address			Street Address		
196 Lynch St.			96 Sacred Heart Ave		
City	State	Zip	City	State	Zip
Providence	RI	02908	Central Falls	RH	02863

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address	
Desi Washington		
Address	City	Zip
35 Ridgeway	Providence	02909

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

Signature of Officer — *Date* 9-25-07

Desi Washington
Print or Type Name of Officer

[redacted] President

FILED
File Date
OCT 12 2007
Check No.
By 1023
By:

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14595-6-186000