



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 681661		2. Exact name of the Corporation Earheart Media Studios			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island FMedia Production			
5. Principal office address 490 Ansell Street			City Providence	State RI	Zip 02906
President Name Joseph Votta			Vice-President Name SAME		
Street Address 490 Ansell Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph Votta			Director Name LIZ WATT		
Street Address (same as above)			Street Address 22 Planet		
City	State	Zip	City Providence	State RI	Zip 02906
Director Name Mubbet Theats			Director Name		
Street Address 271 Plain St			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

File Date _____

JUN 07 2012

Check No. _____

BY **2356**

By: _____

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 **Joseph Votta** Date **6-5-12**

Print or Type Name of Officer **Joseph VOTTA**

Title of Officer **PRES./DIRECTOR**

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