



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 881		2. Exact name of the Corporation American Entertainment Corp.			
3. Principal office address P.O. Box 2301		City Providence	State RI	Zip 02906	
4. Business Phone No. 401-421-0021		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operation of a movie theater					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kenneth R. Dulgarian			Vice-President Name Richard Dulgarian		
Street Address 144 Waterman Street, Suite 6			Street Address 260 Thayer Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Kenneth R. Dulgarian			Treasurer Name Richard Dulgarian		
Street Address 144 Waterman Street, Suite 6			Street Address 260 Thayer Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kenneth R. Dulgarian			Director Name Richard Dulgarian		
Street Address 144 Waterman Street, Suite 6			Street Address 260 Thayer Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. 600 Comm no par value			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100		None

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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] 12-15-14
Signature of Authorized Representative Date

Kenneth R. Dulgarian

Print or Type Name of Authorized Representative

FILED

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