RI SOS Filing Number: 201564238920 Date: 07/02/2015 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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.	2. Exact name of the Corporation
533045	**Newport Film, Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Fostering and encouraging the public appreciation and study of film and the art of filmmaking.**

5. Principal office address	City	State	Zip
174 Bellevue Avenue, Suite 314	**Newport**	**RI**	**02840**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Kimberly Palmer			**Andrea van Beuren**		
Street Address			Street Address		
4775 Collins Avenue, Apt 2504			**925 Park Avenue**		
City	State	Zip	City	State	Zip
Miami	**FL**	**33140**	**New York**	**NY**	**10027**
Secretary Name			Treasurer Name		
			Kimberly Palmer		
Street Address			Street Address		
			4775 Collins Avenue, Apt 2504		
City	State	Zip	City	State	Zip
			Miami	**FL**	**33140**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Kimberly Palmer			**Andrea van Beuren**		
Street Address			Street Address		
4775 Collins Avenue, Apt 2504			**925 Park Avenue**		
City	State	Zip	City	State	Zip
Miami	**FL**	**33140**	**New York**	**NY**	**10027**
Director Name			Director Name		
Christine Schomer Wolk					
Street Address			Street Address		
439 6th Street					
City	State	Zip	City	State	Zip
Brooklyn	**NY**	**11215**			

8. 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, duly Authorized Representative, Receiver or Trustee

FILED
JUL 02 2015
BY 2079

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 of Officer or Authorized Representative — Date 6/30/15

Kimberly Palmer, Chairman and Treasurer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122653-12-1044134