



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 123300	2. Name of Corporation SceneTeens		
3. State of Incorporation RHODE ISLAND	4. Corporate address in Rhode Island - Street Address 2a Round Hill Road	City Foster	Zip 02825
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
MENTOR "AT RISK" TEENAGERS IN INNER CITIES AND PRODUCING FILM AND VIDEO PROJECTS

NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Dawn Radican			Vice President Name Lawrence Natalia Jr.		
Street Address 2 Round Hill Rd.			Street Address 79 A Street		
City Foster	State RI	Zip 02825	City Cranston	State RI	Zip 02920
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

NAMES AND ADDRESSES OF THE DIRECTORS (SEE 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 Dawn Radican			Director Name Mr. Frank Guidice		
Street Address 2a Round Hill Rd.			Street Address one Cathedral Square		
City Foster	State RI	Zip 02825	City Providence	State RI	Zip 02903
Director Name Lynn Natalia Jr.			Director Name Brian Hellen		
Street Address 79 A Street			Street Address 200 Olney Street		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02906

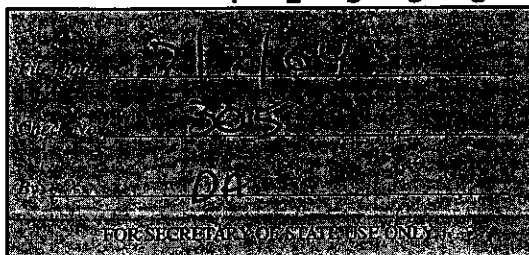
REGISTERED AGENT IN RHODE ISLAND. DO NOT ALTER. Change requires filing of Form 631-RS-GT-C-13/7-6-18

Agent Name DAWN M. RADICAN	Address	
Address 2 ROUND HILL ROAD	City FOSTER	Zip 02825

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



* 1 2 3 3 0 0 *



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.

Dawn M Radican 7/06/04
Signature of Officer Date

Dawn Radican
Print or Type Name of Officer

President
Title of Officer