



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000334672

2. Name of Corporation Southeast New England Film, Music and Arts

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 131 FRUIT HILL AVE UNIT 10

City or Town: PROVIDENCE

State: RI Zip: 02911 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

EDUCATIONAL OUTREACH AND PROMOTION OF FILM, MUSIC AND ART THROUGH
EDUCATIONAL PROGRAMS, FESTIVALS, FILM SCREENINGS, CONCERTS AND ART
EXHIBITS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PHILIP CAPOBRES	131 FRUIT HILL AVE UNIT 10 PROVIDENCE, RI 02911 USA
VICE PRESIDENT	DON FARIAS	58 TOURTELLOT HILL ROAD

		CHEPACHET, RI 02814 USA
DIRECTOR	DAVID PARRIES	207 DOUGLAS AVE PROVIDENCE, RI 02908 USA
DIRECTOR	PHILIP CAPOBRES	131 FRUIT HILL AVE UNIT 10 PROVIDENCE, RI 02911 USA
DIRECTOR	DON FARIAS	58 TOURTELLOT HILL ROAD CHEPACHET, RI 02814 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PHILIP CAPOBRES 131 FRUIT HILL AVENUE, UNIT 10 PROVIDENCE , RI 02911

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 16 Day of May, 2016 at 10:45:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PHILIP CAPOBRES
Signature of Authorized Person

Form No. 631
Revised 09/07

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