



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS
2016 MAY 19 AM 10:35

Non-Profit Corporation Annual Report for the year: 2015

Filing period: June 1 - June 30

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

1. Entity ID Number		2. Exact name of the Corporation			
000163011		Rhode Island Film Collaborative			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Fostering the growth and education of the local independent film community.			
5. Principal Office Address			City	State	Zip
175 Main Street			Pawtucket	RI	02860
6. List ALL officers (names and addresses) Check the box to indicate an officer					
President Name Anthony Ambrosino			Vice-President Name Mark Fogarty		
Street Address 4 Vera Rd			Street Address 128 Sheffield Ave		
City Coventry	State RI	Zip 02816	City Pawtucket	State RI	Zip 02860
Secretary Name Philip Capobres			Treasurer Name Nicholas Delmenico		
Street Address 131 Fruit Hill Ave, Unit 10			Street Address 18 Trafford Park Dr		
City Providence	State RI	Zip 02911	City Coventry	State RI	Zip 02816
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate a director					
Director Name Shawn Quirk			Director Name Melinda Rainsberger		
Street Address 48 Pembroke Ave			Street Address 10 Glendale Ave #3		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02906
Director Name Kevin Sciotto			Director Name none		
Street Address 8 Mallard Cove Way			Street Address none		
City Barrington	State RI	Zip 02806	City none	State none	Zip none
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Change of Registered Agent					
Under penalty of perjury, I declare and affirm that I have examined this report, including all schedules and attachments, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, or the Registered Agent.</i>					
Name of Officer/Authorized Representative				Date	
Nicholas Delmenico				5/12/16	
Signature of Officer/Authorized Representative					
 SIGN DOCUMENT <small>Digitally signed by Nicholas Delmenico Date: 2016.05.12 16:43:42 -04'00'</small>					

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FILED
MAY 19 2016
By 274683
WJ