RI SOS Filing Number: 201737221430 Date: 3/2/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.		• •					
1. Entity ID Number 000978222		2. Exact name of the Corporation SPIA Media Productions, Inc.					
Principal Office Address Principal Office Address Principal Office Address			City Providence	City Providence		Zip 02903	
4. NAICS Code 71 - Arts, Entertainment, an 5. State of Incorporation Massachusetts	d R To docume	ent, preserve and	disseminate cul	•	rom Africa, the	e Caribbean and the history, culture and	
7. List ALL officers (names and				Checl	k the box to ind	icate an attachment	
President Name Claire Andrad	Vice-President Name None						
Street Address 122 Benefit Stre	Street Address						
City Providence	State RI	Zip 02903	City		State	Zip	
Secretary Name Claire Andrade-Watkins			Treasurer Name Clare Andrade-Watkins				
Street Address 122 Benefit Street #4			Street Address 122 Benefit Street #4				
City Providence	State RI	^{Zip} 02903	City Providence		State RI	^{Zip} 02903	
8. List ALL directors (names ar	nd addresses)		'	Check	the box to ind	icate an attachment	
Director Name Claire Andrade-Watkins			Director Name None				
Street Address 122 Benefit Street #4			Street Address				
City Providence	State RI	Zip 02903	City		State	Zip	
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
		10. Shares iss					
This information is currently of record in the Department of State. Changes require an additional filing.		10,000		CLASS/SERIE Common		\$0.01	
11. This report must be execute		•	•	•	oration is in the	hands of a receiver or	
trustee, this report must be exe Under penalty of perjury, I de					mpanying sch	edules and	
statements, and that all state		herein are true an	d correct.		Date		
Name of Authorized Represent Claire Andrade-Watkins	ative			LiFr	$\frac{1}{2}$	1/2017	
Signature of Authorized Repres	sentatiye (AU(41e-	Matte	(e)	MAR 0	2 2017		

MAIL TO: **Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017