



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 \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000978222		2. Exact name of the Corporation SPIA Media Productions, Inc.			
3. Principal Office Address 122 Benefit Street #4		City Providence		State RI	Zip 02903
4. NAICS Code 71 - Arts, Entertainment, and R	6. Brief description of the character of business conducted in Rhode Island To document, preserve and disseminate cultural productions from Africa, the Caribbean and the U.S. with particular emphasis on Cape Verdean-American and Cape Verdean history, culture and traditions.				
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Claire Andrade-Watkins			Vice-President Name None		
Street Address 122 Benefit Street #4			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Claire Andrade-Watkins			Treasurer Name Claire 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 and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
10,000		Common		\$0.01	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative Claire Andrade-Watkins					
Signature of Authorized Representative <i>Claire Andrade-Watkins</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FILED

Date

2/27/2017

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