



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

Annual Report for the year: 2018

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF STATE
CORPORATIONS DIV

2018 APR -2 PM 4: 24

1. Entity ID Number 1057152		2. Exact name of the Corporation Pamoja Media Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island production of documentary and narrative films			
4. NAICS Code 813319					
6. Principal Office Address One Financial Plaza, Suite 1800		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Audrey K. Emerson			Vice-President Name Robert D. Emerson		
Street Address One Financial Plaza, Suite 1800			Street Address One Financial Plaza, Suite 1800		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Robert D. Emerson			Treasurer Name Stephanie L. Kerman		
Street Address One Financial Plaza, Suite 1800			Street Address One Financial Plaza, Suite 1800		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Audrey K. Emerson			Director Name Stephanie L. Kerman		
Street Address One Financial Plaza, Suite 1800			Street Address One Financial Plaza, Suite 1800		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Robert D. Emerson			Director Name		
Street Address One Financial Plaza, Suite 1800			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Robert D. Emerson, Vice President/Secretary				Date 4/2/2018	
Signature of Officer/Authorized Representative 				4:24 pm	
SIGN DOCUMENT FILED					

APR 02 2018

BY 327921