RI SOS Filing Number: 201994744220 Date: 5/28/2019 4:00:00 PM

State of Rhoge Island an Department of St			es Division	_	STAMP
Annual Report for the year		2019			SIAMP
Non-Profit Corporation		> 1-1-	_		(cet
Filing period: June 1 - June 30					alin is man an orașt Cur ran
Filing Fee: \$20 00					
Penalty: Additional \$25.00 fee if form is not filed by July 30.					
1 Entity ID Number 2. Exact name of the Corporation					
689287 B	Block Island Film Festival				
-	Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND					
4. NAICS Code					
To promote global filmmaking and screenwriting talent for charitable purposes through education and cultural awareness of the arts for the betterment of the Block Island Community					
5. Principal Office Address	iiturai awareness	s or the arts for the	Te betterment of the Block Is City	State State	Zıp
The state of the s			J,	Otate	- 'P
353 High Street			Block Island	RI	02807
6 List ALL officers (names and addresses)				Check the box to in	ndicate an attachment
President Name (ASC VIS SHIMAL) CEXECUTIVE DIRECTOR)			Vice-President Name		
Street Address Street Address			Chara Addings		
l GI RANDOUH AVĒ.		Street Address			
Chu	State	Zip	City	State	Zip
TWEKTON	State	^{Zip} 02878	, <u></u>		, i
Secretary Name JAMI NEWELL			Treasurer Name		
Street Address DUNN TOWN ROHD # 1085			Street Address		
City BLOCK ISLAND	State	Zip 02807	City	State	Zip
7. List ALL directors (names and add			list at least THREE directors		
Check the box to indicate an attachment					
Director Name Kristin Raumann			Director Name		
Kristin Baumann Street Address			Joseph Houlihan Street Address		
353 High Street			660 Point Judith Rd, Unit 4A		
City	State	Zip	City	State	Zip
Block Island	Ri	02807	Narragansett	RI	02882
Director Name			Director Name		
Henry Leblanc			Kim Estes		
Street Address 611 South Clausedolo Mait 409			Street Address		
611 South Cloverdale Unit 408 City	State	710	3667 Arlington Ave		7:0
Los Angeles	CA	Zip 90036	City Los Angeles	State CA	Zip 90018
Registered Agent in Rhode Island	<u> </u>		•		
Under penalty of perjury, I declare					
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 Date					
Cassius Allen Shuman					E 1010040
Cassius Allen Shuman 5/6/2019 Signature of Officer/Authorized Representative					
Cooley A. Sw					
MAY 2 RAW					
MAIL TO: Division of Business Services					

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

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