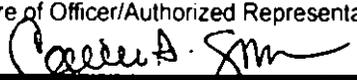


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2019
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.

1. Entity ID Number 1689287		2. Exact name of the Corporation Block Island Film Festival			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island 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			
4. NAICS Code 512131					
5. Principal Office Address 353 High Street		City Block Island	State RI	Zip 02807	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name CASSIUS SHUMAN (EXECUTIVE DIRECTOR)		Vice-President Name			
Street Address 61 RANDOLPH AVE.		Street Address			
City TIVERTON	State RI	Zip 02878	City	State	Zip
Secretary Name JAMI NEWELL		Treasurer Name			
Street Address 1214 DOWNTOWN ROAD #1085		Street Address			
City BLOCK ISLAND	State RI	Zip 02807	City	State	Zip
7. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Kristin Baumann		Director Name Joseph Houlihan			
Street Address 353 High Street		Street Address 660 Point Judith Rd, Unit 4A			
City Block Island	State RI	Zip 02807	City Narragansett	State RI	Zip 02882
Director Name Henry Leblanc		Director Name Kim Estes			
Street Address 611 South Cloverdale Unit 408		Street Address 3667 Arlington Ave			
City Los Angeles	State CA	Zip 90036	City Los Angeles	State CA	Zip 90018
8. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Cassius Allen Shuman					Date 5/6/2019
Signature of Officer/Authorized Representative 					FILED

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

MAY 28 2019

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