

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DAY

Annual Report for the year: **Non-Profit Corporation**

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-> 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	2. Exact name of the Corporation	· - · · · · · · · · · · · · · · · · · ·		
001679580	Reel Artistry			
3. State of Incorporation		er of business conducted in Rhode Is	sland	
Rhode Foland	Film and Photography Education			
4. NAICS Code		y war.		
Coll 610	Ĭ			
Principal Office Address		City	State	Zip
117 mary and av	,	Pantucket	KT	02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment				
President Name Vice-President Name				
Ryan Comet		Degre Deging	·	
Street Address No maggland cull		Street Address 124 Ferris St		
Copy Pan tucklet	State Zip O 28Cet	City Puntucket	State KT	Zip 0>>> (40)
Secretary Name		Treasurer Name		102600
Eyan kelly	Robert Carney			
Street Address Ming C od		Street Address Soco ave		
City Sadred up Your	State 7 02874	City Parotucket	State +	121p 028/00
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.				
Check the box to indicate an attachment				
Director Name		Director Name		
Street Address		Street Address		
117 maryland au		124 Fem. 8 St		
Paul fucket	State Zip OBCED	Pan tucket	State T	Zip
Director Name Kelly		Director Name Corner		
Street Address		Street Address		
11 mines rd		SS Focco are		
Sum desteun	State Zip 02874	- City Paw tucket	State	2008 Cer
9. Registered Agent in Rhode Islan	d. This information is currently of recor	d in the Department of State. Changes re	equire filing Form 64	1.
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, Treesurer, duly Authorized Representative, Receiver or Trustee				
Name of Officer/Authorized Representative Date				
Lyan Gomes July 18, 7019				
Signature of Officer/Authorized Representative				
L	EX/			
MAIL TO:		JUL 1 8 2019 /	1'09	
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615				
Phone: (401) 222-3040 P\' (\(\lambda \) \ / / // \(\lambda \)				
Woheito: www.coc.ri.cov	•	~ 		

Website: www.sos.ri.gov

Reel Artisty

Additional Directors

Kerry Hall 39 London St East Greenwich 02818