RI SOS Filing Number: 202196367530 Date: 5/10/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAY 10 2021

BY

Annual Report for the year: 2021

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	2. Exact name of the Corporation
001666111	SOUTH COUNTY SHORT MOVIE CLUB
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: TO PROMOTE THE MAKING OF SHORT MOVIES IN RHODE ISLAND
4. NAICS Code: 711510 – Independent Artist	

6. Principal Office Address	City	State	Zip
301 CHURCH STREET, APT. #308	WAKEFIELD	RI	02879

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JOANNE HAYNES			Vice-President Name: NONE		
Street Address: 301 CHURCH STREET, APT. #308			Street Address: NONE		
City: WAKEFIELD	State: RI	Zip: 02879	City: NONE	State: NONE	Zip: NONE
Secretary Name: DONNA GUSTAFSON			Treasurer Name: MANUEL NUNEZ		
Street Address: 62 SWEET FERN LANE			Street Address: 320 BEACON DR.		
City: PEACE DALE	State: RI	Zip: 02879	City: NORTH KINGSTOWN	State: RI	Zip: 02852

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: JOANNE HAYNES			Director Name: DONNA GUSTAFSON		
Street Address: 301 CHURCH STREET, APT. #308			Street Address: 62 SWEET FERN LANE		
City: WAKEFIELD	State: RI	Zip: 02879	City: PEACE DALE	State: RI	Zip: 02879
Director Name: MANUEL NUNEZ			Director Name: NONE		
Street Address: 320 BEACON DR.			Street Address: NONE		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City: NONE	State: NONE	Zip: NONE

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	Date
MANUEL NUNEZ	5/5/2021

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

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

FORM 631 - Revised: 06/2019