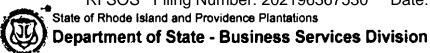
RI SOS Filing Number: 202196367530 Date: 5/10/2021 4:00:00 PM



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.

	FILED	
BY_	MAY 1 0 2021	

1. Entity ID Number	2. Exact name of the Corporation 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 301 CHURCH STREET, APT.	# 308		City WAKEFIELD	State RI	Zip 02879			
7. List ALL officers (names and addresses)								
President Name JOANNE HAYNE	S		Vice-President Name NONE					
Street Address 301 CHURCH ST	REET, APT. #30	8	Street Address NONE					
City WAKEFIELD	State RI	Zip 02879	City NONE	State NONE	Zip NONE			
Secretary Name DONNA GUSTA	FSON	· · · · · · · · · · · · · · · · · · ·	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 HAYNE	S		Director Name DONNA GUSTAFSON					
Street Address 301 CHURCH ST	TREET, APT. #30)8	Street Address 62 SWEET FERN LANE					
City WAKEFIELD	State RI	Zip O2879	City PEACE DALE	State RI	Zip 02879			
Director Name MANUEL NUNE	2		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 Islan	td. This information	is currently of record	in the Department of State. Changes red	quire filing Form 641	8			
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 Representation MANUEL NUNEZ	Date 5/5/2021							
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE								
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MAIL TO:

Division of Business Services

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

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