RI SOS Filing Number: 202100547340 Date: 8/30/2021 3:35:00 PM

State of Rhode Island
Department of State - Business Services Division

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2021 AUG 30 PM 3:33

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: 140876	2. Exact name of the Corporation: SHIFTING VISIONS FILMS EDUCATION PROJECT
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Production and distribution of documentary films
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
780 RESERVOIR AVE #113	CRANSTON	RI	02910

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

President Name: ALEXIA KOSMIDER			Vice-President Name: SANDRA RICHARD		
Street Address: 41 STADDEN ST			Street Address: 15 HILL SIDE AVE		
City: PROVIDENCE	State: RI	Zip: 02907	City: COVENTRY	State: RI	Zip: 02816
Secretary Name: MARIANNE MESSINA			Treasurer Name: BRETT RUTHERFORD		
Street Address: 506 FLEMING ST			Street Address: 2209 MURRAY AVE #2		
City: COLUMBIA	State: TN	Zip: 38401	City: PITTSBURGH	State: PA	Zip: 15217

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

Director Name: RON RICHARD			Director Name: BARBARA KRZEWINSKA		
Street Address: 15 HILL SIDE AVE			Street Address: 2844 N LARAMINE AVE		
City: COVENTRY	State: RI	Zip: 02816	City: CHICAGO	State: IL	Zip: 60641
Director Name: SCOTT MONTEAUX			Director Name:		
Street Address: 12 BIRCH WOOD HILLS DR			Street Address:		
City: TROY	State: NY	Zip: 12180	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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
ALEXIA KOSMIDER	8/27/21

Signature of Officer/Authorized Representative: Alexia Kosmider

FILED
AUG 30 2021
BY STZSJ A.A.
3:35 p.m.

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: 08/2020