



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

FOR
SECRETARY OF STATE
JUL 1 2023

1. Entity ID Number 001338947		2. Exact name of the Corporation PROVIDENCE CENTER FOR MEDIA CULTURE	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO ENGAGE AND EDUCATE THE COMMUNITY THROUGH FILM AND MEDIA PROGRAMMING.	
4. NAICS Code 813319			
6. Principal Office Address 24 EVERETT STREET		City PROVIDENCE	State RI Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name EMILY STEFFIAN		Vice-President Name DANIEL KAMIL	
Street Address 24 EVERETT WAY		Street Address 24 EVERETT WAY	
City PROVIDENCE	State RI	City PROVIDENCE	State RI Zip 02906
Secretary Name EMILY STEFFIAN		Treasurer Name DANIEL KAMIL	
Street Address 24 EVERETT WAY		Street Address 24 EVERETT WAY	
City PROVIDENCE	State RI	City PROVIDENCE	State RI Zip 02906
8. 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 EMILY STEFFIAN		Director Name DANIEL KAMIL	
Street Address 24 EVERETT WAY		Street Address 24 EVERETT WAY	
City PROVIDENCE	State RI	City PROVIDENCE	State RI Zip 02906
Director Name MARK GREENFIELD		Director Name	
Street Address 1 SHIP STREET		Street Address	
City PROVIDENCE	State RI	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 DANIEL KAMIL			Date 1/30/2023
Signature of Officer/Authorized Representative 			FILED

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FEB 02 2023

BY MAYWIG
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FORM 631 - Revised: 11/2021