



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2021

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.

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1. Entity ID Number <b>001338947</b>		2. Exact name of the Corporation <b>PROVIDENCE CENTER FOR MEDIA CULTURE</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE AND EDUCATE THE COMMUNITY THROUGH FILM AND MEDIA PROGRAMMING.</b>	
4. NAICS Code <b>813319</b>			
6. Principal Office Address <b>24 EVERETT AVENUE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02906</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>EMILY STEFFIAN</b>		Vice-President Name <b>DANIEL KAMIL</b>	
Street Address <b>24 EVERETT WAY</b>		Street Address <b>24 EVERETT WAY</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
Secretary Name <b>DANIEL KAMIL</b>		Treasurer Name <b>EMILY STEFFIAN</b>	
Street Address <b>24 EVERETT WAY</b>		Street Address <b>24 EVERETT WAY</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>EMILY STEFFIAN</b>		Director Name <b>DANIEL KAMIL</b>	
Street Address <b>24 EVERETT WAY</b>		Street Address <b>24 EVERETT WAY</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
Director Name <b>MARK GREENFIELD</b>		Director Name	
Street Address <b>1 SHIP STREET</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	City	State
Zip <b>02903</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative <b>DANIEL KAMIL</b>			Date <b>1/30/2023</b>
Signature of Officer/Authorized Representative 			<b>FILED</b>

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

 FEB 2 2023  
 BY **A. WIG**  
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