



**State of Rhode Island
Department of State - Business Services Division**

**FILED
STAMP
JAN 26 2024**
[Handwritten signature]

Annual Report for the year: 2024
Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000000881		2. Exact name of the Corporation American Entertainment Corp			
3. Principal Office Address PO Box 2301			City Providence	State RI	Zip 02906
4. NAICS Code 71-Arts, Entertainment		6. Brief description of the character of business conducted in Rhode Island Operation of Movie Theater			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth R Dulgarian			Vice-President Name Richard Dulgarian		
Street Address 144 Waterman Street Suite 6			Street Address 260 Thayer Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Kenneth R Dulgarian			Treasurer Name Richard Dulgarian		
Street Address 144 Waterman Street Suite 6			Street Address 260 Thayer Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth R Dulgarian			Director Name Richard Dulgarian		
Street Address 144 Waterman Street Suite 6			Street Address 260 Thayer Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		PAR VALUE
			common		none
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative Kenneth R Dulgarian					Date 1-23-24
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

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