



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 521920		2. Exact name of the Corporation THESIS FILM FUND RESHAD KULENOVIC			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island NONE			
5. Principal office address 165 LITTLE REST RD		City KINGSTON	State RI	Zip 02881	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RESHAD KULENOVIC			Vice-President Name		
Street Address 165 LITTLE REST RD			Street Address		
City KINGSTON	State RI	Zip 02881	City	State	Zip
Secretary Name SENADA KULENOVIC			Treasurer Name		
Street Address 165 LITTLE REST RD			Street Address		
City KINGSTON	State RI	Zip 02881	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name RESHAD KULENOVIC			Director Name MUSTAFA KULENOVIC		
Street Address 165 LITTLE REST RD			Street Address 165 LITTLE REST RD		
City KINGSTON	State RI	Zip 02881	City KINGSTON	State RI	Zip 02881
Director Name SENADA KULENOVIC			Director Name		
Street Address 165 LITTLE REST RD			Street Address		
City KINGSTON	State RI	Zip 02881	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

2012 NOV 13 PM 12:26
 2013 JAN 16 AM 11:17
 CORPORATIONS DIV

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY
 BY W187694

FILED
JAN 16 2013
 11:47

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.

Senada Kulenovic 11/9/2012
 Signature of Officer Date
SENADA KULENOVIC 1/14/2013
 Print or Type Name of Officer
SECRETARY
 Title of Officer