RHODE ISLAND FILM & TV
MOTION PICTURE PRODUCTION TAX CREDIT

MOTION PICTURE INITIAL APPLICATION

[Identification Number (Office Use Only) ________________]

☐ Feature Film ☐ TV Movie/Pilot ☐ TV Series ☐ Commercial ☐ Music Video
☐ Documentary ☐ Web Series ☐ Other _______________________

(please check one)

Name and Mailing Address of Production Company:

Name

Address City State Zip Code Country

Contact Person Title Telephone Number

Production Company’s Rhode Island Domiciled Address:

Address City Zip Code Effective Date

Name of Production: ________________________________

Federal Taxpayer Identification Number: ________________________________
Rhode Island Banking Institution:

Name

Address .................................................. City .................................................. Zip Code

Contact Person ........................................ Title .................................................. Telephone Number

Location of Soundstage, if applicable:

Address .................................................. City .................................................. State ........................................ Zip Code ........................................ Country

Brief Background of Company/Companies Involved in Production: ______________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Brief Story Synopsis: ______________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
Anticipated Total Rhode Island Production Budget: ____________________________

Anticipated Principal Photography Start Date: ____________________________

Anticipated Principal Photography Completion Date: _________________________

Anticipated number of principal and ongoing photography days in Rhode Island or, for live theatrical productions, length of theatrical run: ____________________________

Anticipated number of photography days outside of Rhode Island: ____________

Anticipated Amount of Motion Picture Tax Credit: __________________________

"ABOVE THE LINE" PERSONNEL

Name: ____________________________

Credits: __________________________

Name: ____________________________

Credits: __________________________

Name: ____________________________

Credits: __________________________
INTERNSHIPS

Briefly describe or attach additional information on your plans to participate in internship programs offered by the State of Rhode Island, Rhode Island colleges, universities, labor organizations and non-profit organizations associated with the motion picture industry:


Anticipated Number of Interns: ________________________________

TRAINING PROGRAMS

Briefly describe or attach additional information on your plans to participate in training programs offered by Rhode Island colleges, universities, labor organizations and non-profit organizations associated with the motion picture industry:


Anticipated Number of Training Program Participants: ________________________________
DIVERSITY PROGRAMS

Briefly describe or attach additional information on your plan to participate in diversity programs offered by Rhode Island colleges, universities, labor organizations and non-profit organizations associated with the motion picture industry designed to promote and encourage training and hiring of Rhode Island residents who represent the diversity of the Rhode Island population:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Anticipated Number of Minorities Hired: ________________________________

Anticipated Total Number of Rhode Island Residents Hired: ______________

REQUIRED DOCUMENTATION (PLEASE ATTACH)

☐ Rhode Island Secretary of State Articles of Corporation
☐ Certificate of Disclosure of Corporation or LLC
☐ Screenplay
☐ Viable Distribution Letter of Intent
☐ Anticipated calendar of days each “above the line” personnel (i.e.; Director, Producers, Writers and Featured Actors) will arrive, perform work in and depart Rhode Island
☐ Budget
☐ Impact Analysis Statement (example under All Forms at www.film.ri.gov)
☐ Page One of the Motion Picture Tax Credit Information Form

Before commencement of principal photography:

☐ Certificate of Insurance
☐ Crew List
☐ List of Locations/Shooting Schedule
☐ Daily Call Sheets
☐ Copy of Business Application and Registration (BAR) Form submitted to the RI Division of Taxation
☐ Coordinate a joint Press Release with the Rhode Island Film & TV Office
By signing below, I/we understand that, along with this completed document and required documentation, in compliance with the Rules and Regulations, I/we must provide screen credit to the Rhode Island Film & Television Office using the exact language and logo as follows:

With grateful acknowledgment to the State of Rhode Island and Steven Feinberg, the Rhode Island Film & Television Office

The Rules and Regulations definition of screen credit is as follows: “Screen Credit’ means a Motion Picture company engaged in a State Certified Production shall accord the State of Rhode Island, The Rhode Island Film & Television Office, along with the approved name and title of the Film Office Director, at the Film Office Director’s sole discretion, a credit on screen “With grateful acknowledgement to” in the end titles of the Motion Picture with all other characteristics (including, without limitation, size, form, placement and duration) of such credit that equal to end credit of principal actor.”

I/we also understand that I/we must provide the Rhode Island Film & Television Office two (2) DVD’s of the finished production (theatrical productions exempt).

Under penalty of perjury, I/we declare that I/we have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me/us to legal penalties.

Production Company: ________________________________

Signature of Authorized Agent _______________________

Print Name of Authorized Agent ______________________

Title of Authorized Agent __________________________

Date __________________________

IF THE INFORMATION PROVIDED HEREIN SHOULD BE CONSIDERED CONFIDENTIAL AND EXEMPT FROM PUBLIC DISCLOSURE PURSUANT TO RIGL §38-2-2(4)(B), PLEASE CHECK AND INITIAL HERE □ __________

Please send completed Initial Application and documentation to:
Steven Feinberg, Executive Director
Rhode Island Film & Television Office
One Capitol Hill, 3rd Floor
Providence, RI 02908