



One Capitol Hill, 3<sup>rd</sup> Floor – Providence, RI 02908 – 401/222-3456 – 401/222-3018 Fax  
Steven Feinberg, Executive Director

## RHODE ISLAND FILM & TV MOTION PICTURE PRODUCTION TAX CREDIT

### THEATRICAL FINAL APPLICATION

*[Identification Number (Office Use Only) \_\_\_\_\_]*

#### **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 Theater:**

\_\_\_\_\_

Address City State Zip Code Country

**Brief Background of Company/Companies Involved in Production:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Brief Story Synopsis:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Rhode Island Production Budget:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Length of theatrical run:** \_\_\_\_\_

**Anticipated Amount of Motion Picture Tax Credit:** \_\_\_\_\_

**“ABOVE THE LINE” PERSONNEL**

**Name:** \_\_\_\_\_

**Credits:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Credits:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Credits:** \_\_\_\_\_

\_\_\_\_\_

**Total Number of Rhode Island Residents Hired:** \_\_\_\_\_

### REQUIRED DOCUMENTATION (PLEASE ATTACH)

- ☐ Secretary of State Articles of Corporation
- ☐ Letter of Good Standing from Rhode Island Division of Taxation
- ☐ Certificate of Disclosure of Corporation or LLC
- ☐ Final Script
- ☐ Producer's Rider
- ☐ Calendar of days each "above the line" personnel (i.e.; Director, Producers, Writers and Featured Actors) of the production arrived, performed work in and departed Rhode Island
- ☐ Daily Production Schedule
- ☐ Detailed RI Budget
- ☐ Accountant's Certification of Cost Report
- ☐ Production Tax Credit Information Request Form
- ☐ Diversity Tracking Chart (*example under All Forms at [www.film.ri.gov](http://www.film.ri.gov)*)
- ☐ 2 copies of the program with the required acknowledgement (to the Film Office only).

By signing below, I/we understand that, along with this completed document and required documentation, I/we must provide program credit to the Rhode Island Film & Television Office using the exact language and logo as follows:

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



I/we also understand that I/we must provide the Rhode Island Film & Television Office two (2) copies of the program with the credit listed per above.

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 submit Final Application and documentation to:**

Steven Feinberg, Executive Director  
Rhode Island Film & Television Office  
One Capitol Hill, 3<sup>rd</sup> Floor  
Providence, RI 02908

**For review and sign-off *PRIOR* to submitting to:**

Donna Dube, Principal Revenue Agent  
Rhode Island Division of Taxation  
One Capitol Hill, 1<sup>st</sup> Floor  
Providence, RI 02908