



One Capitol Hill, 3rd 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 INITIAL 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: _____

Anticipated Total Rhode Island Production Budget: _____

Anticipated Start Date: _____

Anticipated Completion Date: _____

Anticipated length of theatrical run: _____

Anticipated Amount of Motion Picture Tax Credit: _____

“ABOVE THE LINE” PERSONNEL

Name: _____

Credits: _____

Name: _____

Credits: _____

Name: _____

Credits: _____

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
- Script
- Producer's Rider
- 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

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 send completed Initial Application and documentation to:

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