



**Rhode Island Banking Institution:**

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Name

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Address

City

Zip Code

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Contact Person

Title

Telephone Number

**Location of Soundstage, if applicable:**

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Address

City

State

Zip Code

Country

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

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

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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:

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**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:

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**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:

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**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](http://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 acknowledgement 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)(8), 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, 3<sup>rd</sup> Floor  
Providence, RI 02908