



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

|  |               |  |  |                 |              |
|--|---------------|--|--|-----------------|--------------|
| 1. Corporate ID No.<br>000112649   |               | 2. Name of Corporation<br>Newport Musical Arts Association                         |  |                 |              |
| 3. State of Incorporation<br>rhode Island  |               | 4. Corporate address in Rhode Island - Street Address<br>36 CHARLES STREET, UNIT 4 |  | City<br>Newport | Zip<br>02840 |
| 5. Foreign corporation. Enter principal office address   |               |  | City   | State           | Zip          |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br>TO PROVIDE THE COMMUNITY DIRECT AND AUTHENTIC EXPERIENCES OF ARTS, INCLUDING, BUT NOT LIMITED TO MUSICAL ARTISTS FROM NEWPORT COUNTY.               |               |  |  |                 |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |               |  |  |                 |              |
| President Name<br>Stephen J. Cerilli   |               |  | Vice President Name<br>Matt Ruggeri          |                 |              |
| Street Address<br>36 Charles Street suite #4   |               |  | Street Address<br>34 Elm Street              |                 |              |
| City<br>Newport  | State<br>R.I. | Zip<br>02840   | City<br>Newport                              | State<br>R.I.   | Zip<br>02840 |
| Secretary Name<br>Alexandra F. Cerilli   |               |  | Treasurer Name<br>Stephen J. Cerilli         |                 |              |
| Street Address<br>36 Charles Street suite #4   |               |  | Street Address<br>36 Charles Street suite #4 |                 |              |
| City<br>Newport  | State<br>R.I. | Zip<br>02840   | City<br>Newport                              | State<br>R.I.   | Zip<br>02840 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS<br>THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-4B |               |  |  |                 |              |
| Director Name<br>Stephen J. Cerilli  |               |  | Director Name<br>Matt Ruggeri                |                 |              |
| Street Address<br>36 Charles Street suite #4   |               |  | Street Address<br>34 Elm Street              |                 |              |
| City<br>Newport  | State<br>R.I. | Zip<br>02840   | City<br>Newport                              | State<br>RI     | Zip<br>02840 |
| Director Name<br>Benedetto A. Cerilli JR   |               |  | Director Name<br>Alexandra F. Cerilli        |                 |              |
| Street Address<br>80 America Way   |               |  | Street Address<br>36 Charles Street suite #4 |                 |              |
| City<br>jamestown  | State<br>R.I. | Zip<br>02840   | City<br>Newport                              | State<br>R.I.   | Zip<br>02840 |
| 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78   |               |  |  |                 |              |
| Agent Name<br>Stephen J. Cerilli   |               |  | Address                                      |                 |              |
| Address<br>36 Charles Street suite #4  |               |  | City<br>Newport                              | Zip<br>02840    |              |

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



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|                                 |                        |
|---------------------------------|------------------------|
| File Date                       | <b>FILED</b> <i>AA</i> |
| Check No.                       | OCT 25 2007            |
| By:                             | <i>040525</i>          |
| FOR SECRETARY OF STATE USE ONLY |                        |

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.

*Stephen J. Cerilli* 6-1-2007  
Signature of Officer Date

Stephen J. Cerilli  
Print or Type Name of Officer

president  
Title of Officer