

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

## NOM-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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.

penany jee of \$25.00.	····						
1 Corporate ID No	2. Name of Corpor						
000112649		NEWPORT MUSICAL ARTS ASSOCIATION					
3. State of Incorporation	4. Corporate addre	4. Corporate address m Rhode Island - Street Address			Zip		
RI	36 CHARI	LES STREET, UNIT	4	NEWPORT	02840		
5 Foreign corporation. Enter pr	rincipal office address		City	State	Zīp		
6. Brief Description of the characte	er of the affairs which	are actually conducted in RI	ode Island				
ARTISTS FROM NEWPO	RT COUNTY.		(PERIENCES OF ARTS, INC TTACHMENT)   FILL IN SPA				
President Name	President Name			Vice President Name			
STEPHEN J. CERILLI			MATTHEW RUGGERI				
Stroot Address			Street Address				
36 CHARLES STREET, UNIT 4			34 ELM STREET				
Call	State	Zip	Cth	State	Zip		
NEWPORT	RI	02840	NEWPORT	RI	02840	121	
Scarelary Name ALEXANDRA CERILLI			Treasurer Name				
Street Address 36 CHARLES STREET, UNIT 4			Street Address				
City:	Statte	Ζη)	(1)	State	20 E S	; <b>-</b> (	
NEWPORT	RI	02840			F 2	2 7	
8. NAMES AND ADDRESS	ES OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPA	ACES BEFORE USING ATTA	ACHMENTS 5	,	
THE NUMBER OF DIREC	TORS OF A DOM	ESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THR	EE (3). T.G.L.	6.23	
Director Name			Director Name				
STEPHEN J. CERILLI			MATTHEW RUGGERI				
Street Address			Street Address S				
36 CHARLES STREET, UNIT 4			34 ELM STREET				
City	State	Zip	City	State	Zip		
NEWPORT	RI	02840	NEWPORT	RI	02840		
Director Name			Director Name				
ALEXANDRA CERILLI			BENEDETTO A. CERILLI JR				
Street Address			Street Address				
36 CHARLES STREET, UNIT 4			P.O. BOX 3541				
City	State	ZΦ	Gity	State	Zip		
NEWPORT	RI	02840	INEWPORT	RI	02840		
9. REGISTERED AGENT II	N RHODE ISLANI	D					
This information is currently	y of record in the	Office of the Secretary of	of State. Changes require filing	of Form 641 - R.L.G.L., 7-6-1	3/7-6-78		
<u></u>			<u> </u>				

	000112649	Under penalty of perjury, Meclare and affirm that I have examined this		
File Date	FILED	report, including any accompanying schedule sattements contained herein are true and corre	s and statements, and that all	
Check No.	JAN 1 2010	Signature of Officer STEPHEN J. CERILLI	Dette	
By:FOR	R SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  PRESIDENT  Title of Officer		
		tine of equiver	Form 631 Rev. 09/17	