



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>140096</b>		2. Exact name of the Corporation <b>FINE ARTS NEWPORT, INC.</b>		
3. Principal office address <b>111 GULF ROAD</b>		City <b>NORTH DARTMOUTH</b>	State <b>MA</b>	Zip <b>02748</b>
4. Business Phone No. <b>401-846-5474</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>OPERATING A THEATER</b>				
President Name <b>KATHLEEN A. STAAB</b>		Vice-President Name <b>NONE</b>		
Street Address <b>111 GULF ROAD</b>		Street Address		
City <b>NORTH DARTMOUTH</b>	State <b>MA</b>	Zip <b>02748</b>	City	State
Secretary Name <b>NONE</b>		Treasurer Name <b>NONE</b>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <b>NONE</b>		Director Name <b>NONE</b>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <b>NONE</b>		Director Name <b>NONE</b>		
Street Address		Street Address		
City	State	Zip	City	State
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		NONE		

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 CORPORATION DIV  
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*This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.*



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.

**FILED** 103

*Turner C. Scott*

2/29/12

Signature of Authorized Representative

Date

MAR 05 2012

**TURNER C. SCOTT**

Print or Type Name of Authorized Representative