



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <i>29147</i>		2. Exact name of the Corporation <i>Rhode Island Arts Foundation at Newport, Incorporated</i>			
3. State of Incorporation <i>Rhode Island</i>		4. Corporate Address in RI - Street Address <i>850 Aquidneck Avenue #A-4</i>		City <i>Middletown</i>	Zip <i>02842</i>
5. Foreign corporation. Enter principal office address <i>N/A</i>			City <i>N/A</i>	State <i>N/A</i>	Zip <i>N/A</i>
6. Brief description of the character of business conducted in Rhode Island <i>Annual Classical music festival held in the mansions of Newport during 17 days in July. Our 44th season will be July 13-29.</i>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <i>Diane Hurley</i>			Vice-President Name <i>Ruth Orthwein</i>		
Street Address <i>827 East Shore Road</i>			Street Address <i>718 Bellevue Avenue</i>		
City <i>Jamestown</i>	State <i>RI</i>	Zip <i>02835</i>	City <i>Newport</i>	State <i>RI</i>	Zip <i>02840</i>
Secretary Name <i>Pamela O. Giroux</i>			Treasurer Name <i>Stephen N. Grimes, M.D.</i>		
Street Address <i>123 Pelham Street</i>			Street Address <i>41 Lambie Circle</i>		
City <i>Newport</i>	State <i>RI</i>	Zip <i>02840</i>	City <i>Portsmouth</i>	State <i>RI</i>	Zip <i>02871</i>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <i>David W. Nelson</i>			Director Name <i>Cynthia A. Sinclair</i>		
Street Address <i>70 Brenton Road</i>			Street Address <i>225 Coggeshall Avenue</i>		
City <i>Newport</i>	State <i>RI</i>	Zip <i>02840</i>	City <i>Newport</i>	State <i>RI</i>	Zip <i>02840</i>
Director Name <i>Francisco J. Gutierrez, M.D.</i>			Director Name <i>Paul Mika</i>		
Street Address <i>84 Amesbury Circle</i>			Street Address <i>125 Hemlock Drive</i>		
City <i>Middletown</i>	State <i>RI</i>	Zip <i>02842</i>	City <i>East Greenwich</i>	State <i>RI</i>	Zip <i>02818</i>
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

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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.

Diane S Hurley 6-4-12
 Signature of Officer Date

Diane S. Hurley
 Print or Type Name of Officer
 President

Title of Officer

File Date _____

Check No _____

By: _____

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