



**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/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2010

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. <u>120236</u>		2. Exact name of the Corporation <u>First Night Newport</u>			
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>New Year's Eve Celebration of the Art and Education Program in Newport RI</u>			
5. Principal office address <u>98 Kay St</u>		City <u>Newport</u>	State <u>R.I.</u>	Zip <u>02840</u>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <u>Charles L Roberts</u>		Vice-President Name			
Street Address <u>98 Kay St</u>		Street Address			
City <u>Newport</u>	State <u>R.I.</u>	Zip <u>02840</u>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <u>Victoria Johnson</u>		Director Name <u>Dick Poholek</u>			
Street Address <u>187 Union St</u>		Street Address <u>13 Rolling Hill #62</u>			
City <u>Portsmouth</u>	State <u>RI</u>	Zip <u>02871</u>	City <u>Portsmouth</u>	State <u>RI</u>	Zip <u>02871</u>
Director Name <u>Sandra Flowers</u>		Director Name <u>Marvin Abney</u>			
Street Address <u>16 Kecker Ave</u>		Street Address <u>12 Summer St</u>			
City <u>Newport</u>	State <u>R.I.</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>R.I.</u>	Zip <u>02840</u>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

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.

SEP 20 2012

Signature of Officer

09-12  
Date

179342  
2:22

Print or Type Name of Officer

Ex Director / President / CEO  
Title of Officer