



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.

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|--|----------------------|---|---------------------------|----------------------|---------------------|
| 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> | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <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 |
| 7. 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 <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> |
| 8. 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

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

Date

Print or Type Name of Officer

Title of Officer

C.L. Roberts
09-12
Ex Director / President / CEO