



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 2013

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>273-11-</u> | | 2. Exact name of the Corporation NEWPORT ART MUSEUM AND ART ASSOCIATION | | | |
| 3. State of Incorporation RHODE ISLAND | | 4. Brief description of the character of business conducted in Rhode Island For more than 100 years, the NAM has served RI and regional communities as a cultural gathering place with a reputation for inclusiveness, professionalism, high quality exhibitions and programming, and dedication to individual growth and | | | |
| 5. Principal office address 76 Bellevue Ave | | City Newport | | State RI | Zip 02840 |
| 6. ADDITIONAL OFFICES (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Peter Englehart | | | Vice-President Name Pamela Chapman | | |
| Street Address 2005 Division Road | | | Street Address 121 King Charles Drive | | |
| City East Greenwich | State RI | Zip 02818 | City Portsmouth | State RI | Zip 02871 |
| Secretary Name Sandra Graig | | | Treasurer Name Frederick Mattis | | |
| Street Address c/o Mary Teixeira P.O. Box 656 | | | Street Address 78 Lorraine Avenue | | |
| City Newport | State RI | Zip 02840 | City Providence | State RI | Zip 02906 |
| 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 Elizabeth Goddard | | | Director Name | | |
| Street Address 12 Leroy Avenue | | | Street Address | | |
| City Newport | State RI | Zip 02840 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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

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.

Elizabeth Goddard 7/25/13
 Signature of Officer Date
Elizabeth Goddard
 Print or Type Name of Officer
Executive Director
 Title of Officer

FILED
 AUG 30 2013
 29507

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY
 Form No. 631
 Revised: 05/2012