



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.

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 MAILING AND ADDRESSED "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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
AUG 30 2013
BY 29507

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