



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 140096		2. Exact name of the Corporation Fine Arts Newport, Inc.		
3. Principal office address 111 Gulf Road		City North Dartmouth	State MA	Zip 02748
4. Business Phone No. 401-846-5474		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Operating a theater.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Kathleen A. Staab		Vice-President Name None		
Street Address 111 Gulf Road		Street Address		
City SOUTH North Dartmouth	State MA	Zip 02748	City	State
Secretary Name None		Treasurer Name None		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		None		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No. _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 18 2014

By 32161

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.

Kathleen A. Staab 4/2/2014
 Signature of Authorized Representative Date

Kathleen A. Staab
 Print or Type Name of Authorized Representative