



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 108252		2. Exact name of the Corporation NEWPORT FESTA ITALIANA, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO SUPPORT AN ANNUAL FESTIVAL OF ITALIAN CULTURE AND HERITAGE FOR NEWPORT COUNTY			
5. Principal office address P.O. BOX 3663 100 RHODE ISLAND AVE		City NEWPORT	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CHAIR J. CLEMENT CICILLINE			Vice-President Name SANDRA J. FLOWERS		
Street Address 100 RHODE ISLAND AVE			Street Address 16 KEEHAWEE AVE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name KATHLEEN MONTICONE SILVIA			Treasurer Name SHIRLEY RIPA		
Street Address 139 VAN ZANDT AVE			Street Address 6 ALMY COURT		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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 DINNE DE SANTIS McCAFFREY			Director Name NONA CAPUTI		
Street Address 1196 MIDDLE ROAD			Street Address 78 AYRAULT ST		
City PORTSMOUTH	State RI	Zip 02871	City NEWPORT	State RI	Zip 02840
Director Name ANTHONY J. AGOSTONELLI			Director Name		
Street Address 62 VALLEY LANE			Street Address		
City PORTSMOUTH	State RI	Zip 02871	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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

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FILED

JUN 06 2015

BY 12/2/15

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.

J. Clement Cicilline

Signature of Officer or Authorized Representative

Date

J. CLEMENT CICILLINE

Print or Type Name of Officer or Authorized Representative