



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. <u>108252</u>		2. Exact name of the Corporation <u>NEWPORT FESTA ITALIANA, INC.</u>				
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>TO SUPPORT AN ANNUAL FESTIVAL OF ITALIAN CULTURE AND HERITAGE FOR NEWPORT COUNTY</u>				
5. Principal office address <u>P.O. BOX 3663</u>		<u>100 RHODE ISLAND AVE</u>		City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name <u>CHAIR J. CLEMENT CICILLINE</u>				Vice-President Name <u>SANDRA J. FLOWERS</u>		
Street Address <u>100 RHODE ISLAND AVE</u>				Street Address <u>16 KEEHAWA AVE</u>		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	
Secretary Name <u>KATHLEEN MONTICONE SILVIA</u>				Treasurer Name <u>SHIRLEY RIPA</u>		
Street Address <u>139 VAN ZANDT AVE</u>				Street Address <u>6 ALMY COURT</u>		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name <u>DINNE DE SANTIS McCaffrey</u>				Director Name <u>NONA CAPUTI</u>		
Street Address <u>1196 MIDDLE ROAD</u>				Street Address <u>78 AYRAULT ST</u>		
City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>	City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	
Director Name <u>ANTHONY J. AGOSTONELLI</u>				Director Name		
Street Address <u>62 VALLEY LANE</u>				Street Address		
City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>	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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Form No. 631
Revised: 04/2014

FILED

JUN 04 2015

BY 1267

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