



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. 110253		2. Exact name of the Corporation Newport Performing Arts Center			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The restoration and operation of a historic building and performing arts center.			
5. Principal office address 19 Touro Street		City Newport		State RI	Zip 02840
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Alison Vareika		Vice-President Name John Shehan			
Street Address 328 Bellevue Avenue		Street Address 4 Kerins Terrace			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Elizabeth Drayton		Treasurer Name Anne Maxwell Livingston			
Street Address 1116 Wapping Road		Street Address 100 Racquet Road			
City Middletown	State RI	Zip 02842	City Jamestown	State RI	Zip 02835
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name Dominique Alfandre		Director Name Alix Flood			
Street Address 20 Warner Street		Street Address 193 Conanicus Avenue			
City Newport	State RI	Zip 02840	City Jamestown	State RI	Zip 02835
Director Name Adam Townsend		Director Name Arthur Chapman			
Street Address 1 Pell Street		Street Address 681 Wapping Road			
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
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: _____

FOR SECRETARY OF STATE USE ONLY

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.

Anne Maxwell Livingston 6/16/15
Signature of Officer or Authorized Representative Date

Anne Maxwell Livingston, Treasurer
Print or Type Name of Officer or Authorized Representative

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ID No. **110253**

Newport Performing Arts Center

7. Attachment listing additional Directors

John Cratin
14 Gould Street
Newport RI 02840

Richard Crisson
18 Boulevard Terrace
Middletown RI 02842

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