



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2016 MAY 19 PM 2:13

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <u>120236</u>		2. Exact name of the Corporation <u>First Night Newport</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Arts and Education Program in Newport</u>	
5. Principal Office Address <u>98 Kay St</u>		City <u>Newport</u>	State <u>R.I.</u>
		Zip <u>02840</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Charles Roberts</u>		Vice-President Name	
Street Address <u>98 Kay St</u>		Street Address	
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Victoria Johnson</u>		Director Name <u>Dick Poholek</u>	
Street Address <u>187 Union St</u>		Street Address <u>13 Rolling Hill #62</u>	
City <u>Portsmouth</u>	State <u>RI</u>	Zip <u>02871</u>	
Director Name <u>Sandra Flowers</u>		Director Name <u>MARVIN Abney</u>	
Street Address <u>16 Keeher Ave</u>		Street Address <u>12 Summer St</u>	
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>[Signature]</u>		Date <u>05-19-16</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u> SIGN DOCUMENT HERE			

FILED

MAY 19 2016

BY 274726