



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000113591

2. Name of Corporation Gallery Night Providence, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 603024

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

A COLLABORATION OF MUSEUMS AND GALLERIES OFFERING FREE AND EASILY ACCESSIBLE EVENTS TO THE PUBLIC TO PROMOTE THE HEALTH AND GROWTH OF RHODE ISLAND'S RICH ARTISTIC CULTURE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KERRY MURPHY	PO BOX 603024 PROVIDENCE, RI 02906 USA
TREASURER	DALILA ALVES	PO BOX 603024

		PROVIDENCE, RI 02906 USA
SECRETARY	DEBORAH CLEMMONS	PO BOX 603024 PROVIDENCE, RI 02906 USA
VICE PRESIDENT	STEVEN PENNELL	PO BOX 603024 PROVIDENCE, RI 02906 USA
DIRECTOR	STEVEN PENNELL	PO BOX 603024 PROVIDENCE, RI 02906 USA
DIRECTOR	DEBORAH CLEMMONS	PO BOX 603024 PROVIDENCE, RI 02906 USA
DIRECTOR	DALILA ALVES	PO BOX 603024 PROVIDENCE, RI 02906 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PAULA MARTIESIAN 65 HALSEY STREET PROVIDENCE , RI 02906

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of June, 2016 at 12:37:15 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PAULA MARTIESIAN
Signature of Authorized Person

Form No. 631
Revised 09/07