RI SOS Filing Number: 201699965560 Date: 06/06/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 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	2. Exact name of the Corporation
108252	NEWPORT FESTA ITALIANA
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	PROMOTION OF ITALIAN & ITALIAN AMERICAN CULTURE & CONTRIBUTIONS TO AMERICA

5. Principal Office Address	City	State	Zip
P.O.BOX 3363/ 100 RHODE ISLAND AVE	NEWPORT	RI	02840

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
CHAIR J. CLEMENT CICILLINE	CHAIR NONA C. CAPUTI
Street Address: 100 RHODE ISLAND AVE	Street Address: 78 AYRAULT ST
City: NEWPORT State: RI Zip: 02840	City: NEWPORT State: RI Zip: 02840
Secretary Name	**Treasurer Name**
KATHLEEN SILVIA	STIRLEY 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). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
SANDRA J. FLOWERS	DIANE Mc CAFFREY
Street Address: 16 KEELER AVE	Street Address: 1196 MIDDLE ROAD
City: NEWPORT State: RI Zip: 02840	City: PORTSMOUTH State: RI Zip: 02871
Director Name	**Director Name**
ANTHONY AGOSTONELLI	
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 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.

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

Name of Officer/Authorized Representative	Date
J. CLEMENT CICILLINE	6/1/16

Signature of Officer/Authorized Representative: J Clement Cicilline

FILED ✓
JUN 06 2016
BY 1084

Form No. 631
Revised: 2016

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