



State of Rhode Island and Providence Plantations

Department of State - Business Services Division
Annual Report for the year: 2017
Non-Profit Corporation

— Filing period: June 1 - June 30

— Filing Fee: \$20.00

— Penalty: Additional \$25.00 fee if form is not filed by July 30.

2017

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STATE

1. Entity ID Number 000108252		2. Exact name of the Corporation Newport Festa Italiana, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To support an annual series of civic events that promote the Italian American culture and contributions to the community and nation			
5. NAICS Code 813319					
6. Principal Office Address		P.O. Box 3663		City Newport	State RI Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Diane McCaffrey (Chair)			Vice-President Name Sandra J. Flowers (Co-chair)		
Street Address 1196 Middle Road			Street Address 16 Keeher Avenue		
City Portsmouth	State RI	Zip 02871	City Newport	State RI	Zip 02840
Secretary Name Sandra J. Flowers			Treasurer Name Shirley Ripa		
Street Address 16 Keeher Avenue			Street Address 6 Almy Court		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. 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 Carmela Geer			Director Name J. Clement Cicilline		
Street Address 10 Wood Road			Street Address 100 Rhode Island Avenue		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
Director Name Virginia Eagan			Director Name Kathleen Silvia		
Street Address 105 Florence Street			Street Address 139 Van Zandt Avenue		
City Tiverton	State RI	Zip 02878	City Newport	State RI	Zip 02840
9. 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 Sandra J. Flowers				Date 05-29-2017	
Signature of Officer/Authorized Representative <i>Sandra J. Flowers</i>				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FORM 631 - Revised: 05/2017