| State of Rhode Island and Providence Plantations Fee: \$20.00 Office of the Secretary of State |
|---|
| 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: 2017 |
| 1. Corporate ID No. 000069286 |
| 2. Name of Corporation Arts and Cultural Alliance of Newport County, Inc. |
| 3. State of Incorporation |
| State: <u>RI</u> |
| ARTICLE III |
| Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> |
| NAICS Code |
| <u>813319</u> |
| 4. Corporate Address in Rhode Island |
| No. and Street:20 LORING STCity or Town:MIDDLETOWNState: RIZip: 02842Country: 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 |
| TO SUPPORT AND PROMOTE ARTS AND CULTURAL ACTIVITIES IN NEWPORT COUNTY. |
| 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete |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 | Address |
|----------------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT | NANCY MCAULIFFE | 20 LORING LN MIDDLETOWN, RI 02842 USA |
| TREASURER | WARREN MCAULIFFE | 20 LORING ST MIDDLETOWN, RI 02842 USA |
| DIRECTOR | CHARLES KEHRES | 23 CONNECTION ST NEWPORT, RI 02840 USA |
| DIRECTOR | SUSAN WOYTHALER | 19 BALDWIN RD MIDDLETOWN, RI 02842 USA |
| DIRECTOR | KAITY RYAN | 200 FARNUM PIKE SMITHFIELD, RI 02917 USA |
| VICE PRESIDENT | TERRY DICKINSON | 5 MARVEL ST PORTSMOUTH, RI 02871 USA |
| DIRECTOR | NORAH DIEDRICH | 107 OLD BEACH ROAD, #3 NEWPORT, RI 02840 USA |
| DIRECTOR | PETER BERTON | 63 POPLAR ST NEWPORT, RI 02840 USA |
| DIRECTOR | DOMINIQUE ALFANDRE | 3 CHARLES STREET NEWPORT, RI 02840 USA |
| DIRECTOR | HARLE TINNEY | 545 WOLCOTT AVE MIDDLETOWN, RI 02842 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

WARREN MCAULIFFE 20 LORING ST MIDDLETOWN, RI 02842

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

Signed this 4 Day of June, 2017 at 12:46:21 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 WARREN MCAULIFFE

Signature of Authorized Person

Form No. 631 Revised 09/07

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