



**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: 2017

1. Corporate ID No. 000110253

2. Name of Corporation Newport Performing Arts Center

3. State of Incorporation

State: RI

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 [click here](#).

NAICS Code

711110

4. Corporate Address in Rhode Island

No. and Street: 19 TOURO STREET

P.O. BOX 234

City or Town: NEWPORT

State: RI

Zip: 02840

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

THE OPERATION OF A PERFORMING ARTS CENTER.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	ANNE MAXWELL LIVINGSTON	100 RACQUET ROAD JAMESTOWN, RI 02835 USA
SECRETARY	ADAM TOWNSEND	89 GREYSTONE TERRACE PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	JOHN CRATIN	14 GOULD STREET NEWPORT, RI 02840 USA
PRESIDENT	ALISON VAREIKA	328 BELLEVUE AVENUE NEWPORT, RI 02840 USA
DIRECTOR	DOMINIQUE ALFANDRE	20 WARNER STREET NEWPORT, RI 02840 USA
DIRECTOR	ALIX FLOOD	193 CONANICUS AVENUE NEWPORT, RI 02840 USA
DIRECTOR	THOMAS HOCKADAY	67 BRIDGE STREET NEWPORT, RI 02840 USA
DIRECTOR	JOHN SHEHAN	4 KERINS TERRACE NEWPORT, RI 02840 USA
DIRECTOR	ARTHUR CHAPMAN	681 WAPPING ROAD NEWPORT, RI 02840 USA
DIRECTOR	RICHARD CRISSON	18 BOULEVARD TERRACE 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**

MARK B. BARDORF, ESQ. 36 WASHINGTON SQUARE NEWPORT , RI 02840

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

Signed this 31 Day of July, 2017 at 3:53:02 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 BRENDA NIENHOUSE
Signature of Authorized Person

Form No. 631
Revised 09/07