

State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionRECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.

2018 APR -2 PM 2:51

Annual Report for the year:

Non-Profit Corporation

2014

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

1. Entity ID Number <u>112649</u>		2. Exact name of the Corporation <u>Newport Musical Arts Association</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To provide the community direct and authentic experiences of arts, including, but not limited to musical artists from Newport County</u>	
4. NAICS Code <u>711510</u>			
6. Principal Office Address <u>36 Charles St. / PO Box 3541</u>		City <u>Newport</u>	State <u>RI</u>
		Zip <u>02840</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Stephen Cerilli</u>		Vice-President Name <u>Alexandra Cerilli</u>	
Street Address <u>PO Box 3541</u>		Street Address <u>PO Box 3541</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02840</u>	
Secretary Name <u>Alexandra Cerilli</u>		Treasurer Name	
Street Address <u>PO Box 3541</u>		Street Address	
City <u>Newport</u>	State <u>RI</u>	City	State
Zip <u>02840</u>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Matt Ruggeri</u>		Director Name <u>Stephen Cerilli</u>	
Street Address <u>34 Elm St</u>		Street Address <u>PO Box 3541</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02840</u>	
Director Name <u>Ben Cerilli</u>		Director Name	
Street Address <u>467 Seaside Dr.</u>		Street Address	
City <u>Jamestown</u>	State <u>RI</u>	City	State
Zip <u>02840</u>		Zip	
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 <u>[Signature]</u>		Date <u>4-1-2018</u>	
Signature of Officer/Authorized Representative			

SIGN DOCUMENT HERE

FILED 2:54pm

## 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: 06/2017