



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:

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.

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SECRETARY OF STATE
CORPORATIONS DIV

2018 APR -2 PM 2:51

1. Entity ID Number 112649		2. Exact name of the Corporation Newport Musical Arts Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide the community direct and authentic experiences of arts, including, but not limited to musical artists from Newport County	
4. NAICS Code 848 71510			
6. Principal Office Address 36 Charles St. / PO Box 3541		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 Stephen Cerilli		Vice-President Name Alexandra Cerilli	
Street Address PO Box 3541		Street Address PO Box 3541	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Secretary Name Alexandra Cerilli		Treasurer Name	
Street Address PO Box 3541		Street Address	
City Newport	State RI	City	State
Zip 02840		Zip	
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 Matt Ruggeri		Director Name Stephen Cerilli	
Street Address 34 Elm St		Street Address PO Box 3541	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Director Name Ben Cerilli		Director Name	
Street Address 407 Seaside Dr.		Street Address	
City Jamestown	State RI	City	State
Zip 02840		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative 			Date 4-1-2018
Signature of Officer/Authorized Representative			

SIGN DOCUMENT HERE

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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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BY **C23881338**

FORM 631 - Revised: 06/2017