RI SOS Filing Number: 201868837720 Date: 6/7/2018 4:00:00 PM

1630

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
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.

· ·				· · · · · · · · · · · · · · · · · · ·	· j	
1. Entity ID Number	2. Exact name of the Corporation					
000108252	Newport Festa Italiana, Inc.					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Newport Festa Italian provides an annual series of civic events that promote the Italian-American					
4. NAICS Code	culture and contributions to the city, the state, and the nation.					
813319 - Other Social Advoc	Advod 🕶					
6. Principal Office Address			City	State	Zip	
P.O. Box 3663			Newport	RI	02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
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 Kathleen M. Silvia			Treasurer Name Shirley A. Ripa			
Street Address 139 Van Zandt Avenue			Street Address 69 Bay Ridge Drive			
^{City} Newport	State RI	^{Zip} 02840	City Middletown	State RI	Zip 02842	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name J. Clement Cicilline			Director Name Carmela Geer			
Street Address 100 Rhode Island Avenue			Street Address 10 Wood Road			
City Newport	State RI	^{Zip} 02840	City Middletown	State RI	^{Zip} 02842	
Director Name Virginia Eagan			Director Name Nona Caputi			
Street Address 105 Florence Street			Street Address 78 Ayrault Street			
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				Date	·	
					11-2018	
Signature of Officer/Authorized Representative						
Signature of Officer/Authorized Representative Lindra Y. Flowers FIFT						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 0 7 2018

FORM 631 - Revised: 11/2017