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.

1. Entity ID Number	2. Exact name of the Corporation
000108252	**Newport Festa Italiana, Inc.**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Newport Festa Italian provides an annual series of civic events that promote the Italian-American culture and contributions to the city, the state, and the nation.**
4. NAICS Code: **813319 - Other Social Advoc**	

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
Sandra J. Flowers, Co-Chair	06-01-2018

Signature of Officer/Authorized Representative: Sandra J. Flowers

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JUN 07 2018
BY 1162

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017