



**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: 2018

1. Corporate ID No. 000029147

2. Name of Corporation Rhode Island Arts Foundation at Newport, Incorporated

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
711320

4. Corporate Address in Rhode Island

No. and Street: 26 VALLEY ROAD
SUITE 103

City or Town: MIDDLETOWN State: RI Zip: 02842 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

ANNUAL CLASSICAL MUSIC FESTIVAL HELD IN THE TURN OF THE CENTURY MANSIONS OF NEWPORT DURING 16 DAYS IN JULY CORPORATION ORGANIZED EXCLUSIVELY FOR CHARITABLE RELIGIOUS EDUCATIONAL AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501C3 OF INTERNAL REVENUE CODE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	VIRGINIA GAMBLE	14 BONNIE BROOK ROAD WESTPORT, CT 06880 USA
TREASURER	CRAIG SHAPERO	1816 EDGEHILL DRIVE ALEXANDRIA, VA 22307 USA
SECRETARY	SUZANNA LARAMEE	111 HARRISON AVE NEWPORT, RI 02840 USA
EXECUTIVE DIRECTOR	PAMELA A. PANTOS	26 VALLEY RD. MIDDLETOWN, RI 02842 USA
DIRECTOR OF BUSINESS & OPERATIONS	ERIN M. METCALF	6 KERINS TERRACE NEWPORT, RI 02840 USA
DIRECTOR	CYNTHIA S. SINCLAIR	225 COGGESHALL AVENUE NEWPORT, RI 02840 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 MALKOVICH IV 26 VALLEY ROAD, SUITE 103 MIDDLETOWN , RI 02842

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

Signed this 1 Day of November, 2018 at 1:44:58 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 ERIN M. METCALF
Signature of Authorized Person

Form No. 631
Revised 09/07