



**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: 2019

1. Corporate ID No. 000027311

2. Name of Corporation Newport Art Museum and Art Association

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

6

712110

4. Corporate Address in Rhode Island

No. and Street: 76 BELLEVUE AVENUE

City or Town: NEWPORT

State: RI

Zip: 02840

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

ART MUSEUM OFFERING EDUCATIONAL PROGRAMS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	STEVEN RICHTER	26 WILBUR AVENUE NEWPORT, RI 02840 USA
TREASURER	CARL HELMETAG	339 SEAVIEW AVE RIVERSIDE, RI 02915 USA
SECRETARY	REBECCA REX	22 ANNADALE RD APT1 NEWPORT, RI 02840 USA
VICE PRESIDENT	ELIZABETH KAHANE	1 W 64TH STREET NEW YORK, NY 10023 USA
VICE PRESIDENT	JOHN GROSVENOR	20 SHERMAN STREET NEWPORT, RI 02840 USA
TRUSTEE	LAURA GORHAM	64 MT. HOPE AVENUE JAMESTOWN, RI 02835 USA
TRUSTEE	RONALD ONORATO	1 CONGDON AVE NEWPORT, RI 02840 USA
TRUSTEE	GREGORY DERDERIAN	80 BOW STREET EAST GREENWICH, RI 02818 USA
EXECUTIVE DIRECTOR	NORAH DIEDRICH	107 OLD BEACH ROAD NEWPORT, RI 02840 USA
TRUSTEE	ROBERT DILWORTH	719 RIVER AVE PROVIDENCE, RI 02908 USA
DIRECTOR	JOAN C ABRAMS	P.O. BOX 899 BRISTOL, RI 02809 USA
DIRECTOR	CURT RICHARDSON	466 EAST SHORE RD JAMESTOWN, RI 02835 USA
DIRECTOR	MOLLY DE RAMEL	58 PERRY STREET NEWPORT, RI 02840 USA
DIRECTOR	ANNE BAKER	211 COGGESHALL AVENUE NEWPORT, RI 02840 USA
DIRECTOR	LANI LIUZZA	79 WAPPING ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	MARIE SAMUELS	22 E. 18TH STREET NEW YORK, NY 10003 USA
DIRECTOR	ELIZABETH BROOKS	DIVISION STREET NEWPORT, RI 02840 USA
DIRECTOR	CHARLIE J BURNS	15 HAMMERSMITH ROAD NEWPORT, RI 02840 USA
DIRECTOR	CLEO SMART GEWIRZ	4519 CATHEDRAL AVENUE NW WASHINGTON, DC 20016 USA
DIRECTOR	TED MATTIS	P.O. BOX 632 BARRINGTON, RI 02806 USA
DIRECTOR	CHARLES A MILLER III	22 LANTERN LANE BARRINGTON, RI 02806 USA
DIRECTOR	TERRY NATHAN	92 BURCHARD AVENUE LITTLE COMPTON, RI 02837 USA
DIRECTOR	BARBARA SCHOENFELD	100 EXCHANGE STREET PROVIDENCE, RI 02903 USA

TURNER C. SCOTT, ESQ. 122 TOURO STREET NEWPORT , RI 02840

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

Signed this 6 Day of June, 2019 at 1:58:45 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 NORAH DIEDRICH
Signature of Authorized Person

Form No. 631
Revised 09/07

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