RI SOS Filing Number: 201996240090 Date: 6/10/2019 12:42:00 PM

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State of Rhode Island and Providence Plantations				<del></del>		
Department of State - Business Services Division					<b>ETANO</b>	
Annual Report for the year: 2018					三 多次品	
Non-Profit Corporation	· ·	2010	<del></del>			
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Filing period. June 1 - June 30 Filing Fee: \$20.00					25.00 C. 25.	
Penalty: Additional \$25.00 fee if for	rm is not filed by J	ulv 30			<u>;</u>	
1. Entity ID Number 2	2 Exact name of the Corporation					
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	Newport Festivals Foundation, Inc.  4. Brief description of the character of business conducted in Rhode Island					
v.	and desarpho		or or business consucted in thice	ioland		
DE						
4. NAICS Code						
То	produce jazz an	d folk music fes	tivals.			
711190						
Principal Office Address			City	State	Zip	
PO Box 650			Faces		04000	
List ALL officers (names and address)	20001		Essex		01929	
	=5565)		Vice-President Name	the box to indical	e an attacriment	
President Name Bruce Gordon			Vice-President Name			
Street Address			Street Address			
150 East 69th Street, Apt. 27K			G. 100 (100 )			
City	State	Zip	City	State	Zip	
New York	NY	10021				
Secretary Name			Treasurer Name			
Street Address			Nicholas Pell Street Address			
Olicat / Idaless			150 East 69th Street, Apt. 27K			
City	State	Zip	City	State	Zip	
			New York		10021	
7. List ALL directors (names and add	resses). RI Corp	orations MUST		eck the box to indic	ate an attachment X	
Director Name			Director Name			
George Wein			Bruce Gordon			
Street Address			Street Address			
150 East 69th Street, Apt 27K			150 East 69th Street, Apt. 27K			
City	State	Zip	City	State	Zip	
New York Director Name	NY	10021	New York Director Name	NY	10021	
Tim Albinson			Jim Bildner			
Street Address			Street Address			
150 East 69th Street, Apt. 27K			150 East 69th Street, Apt. 27K			
City	State	Zip	City	State	Zip	
New York	NY	10021	New York	INY	10021	
8 Registered Agent in Rhode Island.						
Under penalty of perjury, I declare			• • •	ompanying sch	edules 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						
Tame of Chicon Minorized Nepresell				1 =	ı a	
Kira Favro, CFO				5/3/1	ι <b>/</b>	
Supporture of Officer/Authorized Pennscentative						
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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 JUN 1 0 2019

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

State of Rhode Island and Providence Plantations  Department of State - Business Services Division				- 3 <u>8</u> 032 4800	SECRETA TAMP CORPORATIONS DIV		
Annual Report for the Non-Profit Corporation		2018	<del></del>	20 <b>1</b> 9 JUN	I TO PAISTUI		
Filing period: June 1 - June Filing Fee: \$20.00 Penalty: Additional \$25.00 f		d by July 30.	attache		10 12:14		
Entity ID Number	2. Exact name of the Corporation						
000565575	Newport Festivals Foundation, Inc						
State of Incorporation	Brief description of the character of business conducted in Rhode Island						
DE							
4. NAICS Code	$\neg$						
711190	To produce ja:	zz and folk music	: festivals.				
5 Principal Office Address			1 Ciki	Ctoto	7in		
5 Fillidipal Office Address			City	State	Zip		
PO Box 650			Essex	МА	019 <u>29</u>		
6. List ALL officers (names and	d addresses)			Check the box to ind	licate an attachment 🔲		
President Name			Vice-President Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Secretary Name			Treasurer Name		· · · · · · · · · · · · · · · · · · ·		
Street Address			Street Address				
City	State	Zip	City	State	Zip		
7. List ALL directors (names a	nd addresses). RI	Corporations MU	JST list at least THREE dir		indicate an attachment X		
Director Name			Director Name	· · · · · · · · · · · · · · · · · · ·			
Patricia Blanchet			Jeff Bowlby				
Street Address		-	Street Address	Street Address			
150 East 69th Street, Apt. 27K			150 East 69th Street	Apt. 27K			
City	State	Zip	City	State	Zip		
New York	NY	10021	New York	NY	10021		
Director Name			Director Name				
Tom Busard							
Street Address			Street Address				
150 East 69th Street, Apt 27K	I com	T	150 East 69th Street	<del></del>			
City New York	State NY	Zip 10021	City New York	State NY	Zip 10021		
8. Registered Agent in Rhode		<del></del>					
Under penalty of perjury, I d							
statements, and that all state			•				
This report must be signed by either the	President, Vice-Presid	tent, Secretary Assist	ant Secretary, Treasurer, duly Aut	thorized Representative, Receiver	or Trustee		
Name of Officer/Authorized Representative Kira favro				Date 5/3(	Date 5/31/19		
Signature of Officer/Authorized	Penresentativo			101011			

MAIL TO:

**Division of Business Services** 

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

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

nnual Report for the year: <sub>2018</sub>			2019 JUN 10 PHIZELY				
Filing period: June 1 - June 30				- 50/4	U siPisuzzicianie		
Filing Fee: \$20.00 Penalty. Additional \$25.00 fee in	f form is not filed	by July 30.	attachn	•	,		
Entity ID Number	2 Exact nam	e of the Corporal	ion				
000565575	Newport Festivals Foundation, Inc.						
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island						
DE	_						
4 NAICS Code							
171100 0000	To produce iaz	z and folk music	festivals				
711190	,						
5. Principal Office Address			City	State	Zip		
PO Box 650		<del></del>	Essex	MA	01929		
6 List ALL officers (names and ad	Idresses)		T	Check the box to ind	icate an attachment		
President Name			Vice-President Name	Vice-President Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Secretary Name Treasurer Name					•		
Street Address			Street Address				
City	State	Zıp	City	State	Žip		
7. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment X							
Director Name		_	Director Name				
Jerome Chazen			Michael Dorf				
Street Address			Street Address				
150 East 69th Street, Apt 27K			150 East 69th Street, Apt. 27K				
City New York	State NY	Zip 10021	City New York	State NY	Zip 10021		
Director Name			Director Name	Tivi	10021		
Leyla Ertegun			John Hailer				
Street Address			Street Address				
150 East 69th Street, Apt. 27K			150 East 69th Street, Apt. 27K				
City	State	Zip	City	State	Zip		
New York	NY	10021	New York	NY Street	10021		
8. Registered Agent in Rhode Isla							
Under penalty of perjury, I declar statements, and that all stateme			• •	ng any accompanying s	schedules and		
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  5/31/19				1/19			
Signature of Officer/Authorized Representative							

MAIL TO:

**Division of Business Services** 

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

Annual Report for the year: 2018

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

Non-Profit Corporation	on			20	19 JUN 168		
Filing period: June 1 - June Filing Fee: \$20.00 Penalty: Additional \$25.00		I hu July 20	~ . I d		19 JUN 1 0 PH 12: 4		
Penaity. Additional \$25 00	ree ir form is not filed	i by July 30.	att	adment _			
Entity ID Number	2 Exact nan	2 Exact name of the Corporation					
000565575	Newport Festi	vals Foundation,	Inc.		:		
State of Incorporation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
DE							
4. NAICS Code		1					
	To produce ja:	To produce jazz and folk music festivals.					
711190							
5 Principal Office Address	Principal Office Address			State	Zip		
PO Box 650	_		Essex	MA	01929		
6. List ALL officers (names an	d addresses)		<u> </u>	Check the box to inc	dicate an attachment		
President Name			Vice-President Name	Vice-President Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
7. List ALL directors (names a	and addresses). RI	Corporations MU	IST list at least THREE di		indicate an attachment X		
Director Name			Director Name				
Vikas Kapoor	_		Roger Kass				
Street Address	<u> </u>	•	Street Address				
150 East 69th Street, Apt. 27K			150 East 69th Street, Apt. 27K				
City	State	Zip	City	State	Zip		
New York	NY	10021	New York	NY NY	10021		
Director Name Jim Lanzone			Director Name	Ronald MacKenzie			
Street Address			Street Address				
150 East 69th Street, Apt. 27K			150 East 69th Street, Apt. 27K				
City	State	Zip	City	State	Zip		
New York	NY	10021	New York	NY	10021		
8 Registered Agent in Rhode	Island. This informa	ation is currently of	record in the Department of	f State Changes require filing	Form 641.		
Under penalty of perjury, I o statements, and that all stat				ding any accompanying	schedules and		
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							
Kira Fauro				5/311	19		
Signature of Officer/Authorized Representative							
V							

MAIL TO:

**Division of Business Services** 

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

**Department of State - Business Services Division** STAMP Annual Report for the year: 2018 **Non-Profit Corporation** FOR SECRETARY OF STATE Filing period: June 1 - June 30 Filing Fee: \$20.00 Penalty: Additional \$25.00 fee if form is not filed by July 30. altachment 1. Entity ID Number 2 Exact name of the Corporation 000565575 Newport Festivals Foundation, Inc. 3. State of Incorporation 4. Brief description of the character of business conducted in Rhode Island DE 4. NAICS Code To produce jazz and folk music festivals: 711190 5 Principal Office Address City State Zip 01929 PO Box 650 Essex MA 6 List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name Street Address Street Address City State Zip State Secretary Name Treasurer Name Street Address Street Address City State State Zip City Zip 7 List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment X **Director Name Director Name** Ward Mooney Jonathan Nelson Street Address Street Address 150 East 69th Street, Apt. 27K 150 East 69th Street, Apt 27K City State Ζip City State Zip NY 10021 New York NY 10021 New York **Director Name Director Name** Mike Sheehan Bruce Trauner Street Address Street Address 150 East 69th Street, Apt. 27K 150 East 69th Street, Apt 27K City State Zip State Zip City 10021 NY 10021 New York NY **New York** 8. 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 KIM tavro Signature of Officer/Authorized Representative

MAIL TO:

Division of Business Services

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

State of Rhode Island and Providence Plantations

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. attachment 1. Entity ID Number 2. Exact name of the Corporation 000565575 Newport Festivals Foundation, Inc. 3. State of Incorporation 4. Brief description of the character of business conducted in Rhode Island DE 4. NAICS Code To produce jazz and folk music festivals. 5. Principal Office Address City State Zip PO Box 650 01929 MA Essex 6. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name Street Address Street Address City State Zıp City State Zip Secretary Name Treasurer Name Street Address Street Address City State Zip City State Zip 7. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment X **Director Name** Director Name William Vareika Street Address Street Address 150 East 69th Street, Apt. 27K City State Ζip City State Zip 10021 New York NY **Director Name** Director Name Street Address Street Address City State Zip City State Zip 8 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 Tavro

MAIL TO:

Division of Business Services

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

Signature of Officer/Authorized Representative