

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

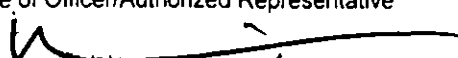
Annual Report for the year: 2018
Non-Profit Corporation

→ Filing period, June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

2019 JUN 10 PM 12:41
RECEIVED
STATE
SECRETARY OF STATE
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TAMP

1. Entity ID Number 000565575		2. Exact name of the Corporation Newport Festivals Foundation, Inc.			
3. State of Incorporation DE		4. Brief description of the character of business conducted in Rhode Island To produce jazz and folk music festivals.			
4. NAICS Code 711190					
5. Principal Office Address PO Box 650			City Essex	State MA	Zip 01929
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Bruce Gordon			Vice-President Name		
Street Address 150 East 69th Street, Apt. 27K			Street Address		
City New York	State NY	Zip 10021	City	State	Zip
Secretary Name			Treasurer Name Nicholas Pell		
Street Address			Street Address 150 East 69th Street, Apt. 27K		
City	State	Zip	City New York	State	Zip 10021
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name George Wein			Director Name Bruce Gordon		
Street Address 150 East 69th Street, Apt. 27K			Street Address 150 East 69th Street, Apt. 27K		
City New York	State NY	Zip 10021	City New York	State NY	Zip 10021
Director Name Tim Albinson			Director Name Jim Bildner		
Street Address 150 East 69th Street, Apt. 27K			Street Address 150 East 69th Street, Apt. 27K		
City New York	State NY	Zip 10021	City New York	State NY	Zip 10021
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 Kira Favro, CFO					Date 5/31/19
Signature of Officer/Authorized Representative 					FILED

MAIL TO:


Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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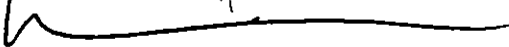
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Street Address			Street Address		
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Director Name Patricia Blanchet			Director Name Jeff Bowlby		
Street Address 150 East 69th Street, Apt. 27K			Street Address 150 East 69th Street, Apt. 27K		
City New York	State NY	Zip 10021	City New York	State NY	Zip 10021
Director Name Tom Busard			Director Name		
Street Address 150 East 69th Street, Apt. 27K			Street Address 150 East 69th Street, Apt. 27K		
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Director Name Jerome Chazen			Director Name Michael Dorf		
Street Address 150 East 69th Street, Apt. 27K			Street Address 150 East 69th Street, Apt. 27K		
City New York	State NY	Zip 10021	City New York	State NY	Zip 10021
Director Name Leyla Ertegun			Director Name John Hailer		
Street Address 150 East 69th Street, Apt. 27K			Street Address 150 East 69th Street, Apt. 27K		
City New York	State NY	Zip 10021	City New York	State NY	Zip 10021
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Name of Officer/Authorized Representative Kiva Favro				Date 5/31/19	
Signature of Officer/Authorized Representative 					

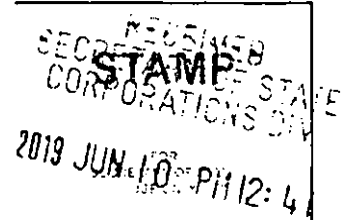
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City		State		Zip		City		State		Zip	
Secretary Name				Treasurer Name							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
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Director Name Vikas Kapoor				Director Name Roger Kass							
Street Address 150 East 69th Street, Apt. 27K				Street Address 150 East 69th Street, Apt. 27K							
City New York		State NY		Zip 10021		City New York		State NY		Zip 10021	
Director Name Jim Lanzone				Director Name Ronald MacKenzie							
Street Address 150 East 69th Street, Apt. 27K				Street Address 150 East 69th Street, Apt. 27K							
City New York		State NY		Zip 10021		City New York		State NY		Zip 10021	
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Signature of Officer/Authorized Representative 											

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Secretary Name				Treasurer Name							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
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Director Name Ward Mooney				Director Name Jonathan Nelson							
Street Address 150 East 69th Street, Apt. 27K				Street Address 150 East 69th Street, Apt. 27K							
City New York		State NY		Zip 10021		City New York		State NY		Zip 10021	
Director Name Mike Sheehan				Director Name Bruce Trauner							
Street Address 150 East 69th Street, Apt. 27K				Street Address 150 East 69th Street, Apt. 27K							
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Name of Officer/Authorized Representative <i>Kira Fawro</i>									Date <i>5/31/11</i>		
Signature of Officer/Authorized Representative <i>[Signature]</i>											

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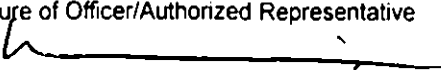
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Director Name William Vareika		Director Name			
Street Address 150 East 69th Street, Apt. 27K		Street Address			
City New York	State NY	Zip 10021	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
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Name of Officer/Authorized Representative Kira Favro				Date 5/31/17	
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