



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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> 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
EXECUTIVE DIRECTOR	PAMELA A. PANTOS	26 VALLEY RD. MIDDLETOWN, RI 02842 USA
VICE PRESIDENT	SUZANNA LARAMEE	111 HARRISON AVE. NEWPORT, RI 02840 USA
DIRECTOR	MARILYN WOLOOHOJIAN	356 GOLFWIEW RD NORTH PALM BEACH, FL 33408 USA
DIRECTOR	PATRICIA PETERSON	6 AVENIR COURT BRISTOL, RI 02809 USA
DIRECTOR	JAMES SOLDANO	10 KNOLL ST RIVERSIDE, CT 06878 USA
DIRECTOR	LESLIE HOGAN	128 PROSPECT HILL ST NEWPORT, RI 02840 USA
DIRECTOR	JOHN WINKLEMAN	355 BLACKSTONE BLVD. APT 453 PROVIDENCE, RI 02906 USA
DIRECTOR	SALLY STRACHAN	27 HALSEY ST PROVIDENCE, RI 02906 USA
DIRECTOR	EVAN SMITH	137 AMERICA WAY JAMESTOWN, RI 02835 USA
DIRECTOR	MELISSA FAIRGRIEVE	425 TUCKERMAN AVE MIDDLETOWN, RI 02842 USA
DIRECTOR	VIN DIBONA	12233 W. OLYMPIC BLVD WEST LOS ANGELES, CA 90064 USA
DIRECTOR	MICHAEL CONOVER	18 MOUNT VERNON ST NEWPORT, RI 02840 USA
DIRECTOR	ANTHONY CARCIERI	42 BRIDGHAM FARM RD RUMFORD, RI 02916 USA
DIRECTOR	STEPHEN HUTTLER	17 ELIZABETH LN MIDDLETOWN, RI 02842 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**

ERIN M. METCALF 26 VALLEY RD. #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 24 Day of June, 2019 at 6:19:58 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

© 2007 - 2019 State of Rhode Island and Providence Plantations  
All Rights Reserved