



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JUL 12 PM 4:11

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 001338580		2. Exact name of the Corporation Newport Art House			
3. State of Incorporation R-I.		4. Brief description of the character of business conducted in Rhode Island Arts Non-profit 711310.			
5. Principal office address 40669 Elmwood Ave B10		City Providence	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Tara Gragg			Vice-President Name		
Street Address 31 Warner Street #2			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Tracy Jonsson			Director Name Thomas Perotti		
Street Address 669 Elmwood Ave B10			Street Address 113 Center Avenue		
City Providence	State RI	Zip 02807	City Middletown	State RI	Zip 02842
Director Name Ben Shaw			Director Name Diane Conlon		
Street Address 53 Coggeshall Ave			Street Address 3A Farewell St apt. 204		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

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.

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

BY Tracy Jonsson Signature of Officer or Authorized Representative Date 7/12/2019
 116 Tracy Jonsson
 Print or Type Name of Officer or Authorized Representative