



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS RECEIVED  
 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

2019 JUL 12 PM 6:11  
 2018

**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. <b>001338580</b>		2. Exact name of the Corporation <b>Newport Art House</b>			
3. State of Incorporation <b>R.I.</b>		4. Brief description of the character of business conducted in Rhode Island <b>Arts Non-profit</b> <span style="float: right;"><b>711310.</b></span>			
5. Principal office address <b>40669 Elmwood Ave R10</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02840</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Tara Gragg</b>			Vice-President Name		
Street Address <b>31 Warner Street #2</b>			Street Address		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	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 <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Tracy Jonsson</b>			Director Name <b>Thomas Perotti</b>		
Street Address <b>669 Elmwood Ave R10</b>			Street Address <b>113 Center Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>Ben Shaw</b>			Director Name <b>Diane Conlon</b>		
Street Address <b>53 Coggeshall Ave</b>			Street Address <b>3A Farewell St apt. 204</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
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 W. H. W. Jonsson 7/12/2019  
 Signature of Officer or Authorized Representative Date  
Tracy Jonsson  
 Print or Type Name of Officer or Authorized Representative