



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2611
401.222.3000

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 *

* 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.

1. Corporate ID No. 120234		2. Name of Corporation Opening Night Newport			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 98 Kay St		City Newport	Zip 02840
5. Foreign corporation. Enter principal office address N/A			City N/A	State RI	Zip N/A
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island public art and entertainment celebration - non profit					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Charles Roberts			Vice President Name Greg Fater		
Street Address 92 Kay St			Street Address Memorial Blvd		
City Newport	State RI	Zip 02840	City Newport	State R.I	Zip 02840
Secretary Name Margaret Baker			Treasurer Name		
Street Address 35 Houston Ave			Street Address		
City Newport	State R.I	Zip 02840	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Charles Roberts			Director Name Greg Fater		
Street Address 98 Kay St			Street Address Memorial Blvd		
City Newport	State R.I.	Zip 02840	City Newport	State RI	Zip 02840
Director Name Kathy Stabb			Director Name		
Street Address TOURO ST			Street Address		
City Newport	State R.I	Zip 02840	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Charles Roberts			Address		
Address 35 Houston Ave			City Newport	State RI	Zip 02840

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

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.

Signature of Officer
C. L. Roberts
Date
President / Executive Director
Title of Officer

FILED
File Date
AUG 16 2006
Check No.
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

RECEIVED
CORPORATIONS DIVISION
SECRETARY OF STATE
AUG 16 9 16 AM 2006



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Secretary of State
Corporations Division
160 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Opening Night Newport
3. State of Incorporation R.I. 4. Corporate address in Rhode Island - Street Address 98 Kay St City Newport Zip 02840
5. Foreign corporation Enter principal office address _____ City _____ State _____ Zip _____
N/A

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
promote and produce arts celebrations in Newport

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Dave Pittman Vice President Name Kathryn Farrington
Street Address 87 Roseneath Ave. Street Address 23 America's Cup Ave
City Newport State R.I. Zip 02840 City Newport State R.I. Zip 02840

Secretary Name Jane McHenry Treasurer Name Attorney Greg Fater
Street Address P.O. Box 90 Street Address P.O. Box 777
City Bristol State R.I. Zip 02809 City Newport State R.I. Zip 02840

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name Executive Charles L Roberts Director Name R.J. Von See
Street Address 35 Houston Ave Street Address 16 Greenough Pl.
City Newport State R.I. Zip 02840 City Newport State R.I. Zip 02840

Director Name Margaret Baker Director Name Ken Bisachi
Street Address 35 Houston Ave Street Address PO Box 437
City Newport State R.I. Zip 02840 City Jamestown State R.I. Zip 02835

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

Agent Name Charles L. Roberts Address _____
Address 98 Kay St City Newport RI Zip 02840

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Signature of Officer [Signature] Date 09-08-04

Print or Type Name of Officer _____

Title of Officer _____ Form 631 Rev. 6/02

FILED SEP 8 3 55 PM '04
Check No. SEP 08 2004
By C43899
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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.		2. Name of Corporation <i>Opening Night Newport</i>	
3. State of Incorporation <i>R.I.</i>	4. Corporate address in Rhode Island, Street Address <i>98 King St</i>		City, State, Zip <i>Newport RI 02840</i>
5. Foreign corporation: Enter principal office address <i>N/A</i>			
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <i>promote and produce arts celebrations in Newport</i>			
7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <i>Dave Pittman</i>		Vice President Name <i>Kathryn Farrington</i>	
Street Address <i>87 Roseneath Ave.</i>		Street Address <i>23 America's Cup Ave.</i>	
City <i>Newport</i>	State <i>R.I.</i>	City <i>Newport</i>	State <i>R.I.</i>
Zip <i>02840</i>		Zip <i>02840</i>	
Secretary Name <i>Jane McHenry</i>		Treasurer Name <i>Attorney Greg Fater</i>	
Street Address <i>P.O. Box 90</i>		Street Address <i>P.O. Box 777</i>	
City <i>Bristol</i>	State <i>R.I.</i>	City <i>Newport</i>	State <i>R.I.</i>
Zip <i>02809</i>		Zip <i>02840</i>	
8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <i>Executive Charles L Roberts</i>		Director Name <i>R.J. Von See</i>	
Street Address <i>35 Houston Ave</i>		Street Address <i>16 Greenough Pl.</i>	
City <i>Newport</i>	State <i>RI</i>	City <i>Newport</i>	State <i>RI</i>
Zip <i>02840</i>		Zip <i>02840</i>	
Director Name <i>Margaret Baker</i>		Director Name <i>Ken Bisachi</i>	
Street Address <i>35 Houston Ave</i>		Street Address <i>PO Box 437</i>	
City <i>Newport</i>	State <i>R.I.</i>	City <i>Jamestown</i>	State <i>RI</i>
Zip <i>02840</i>		Zip <i>02835</i>	
9. REGISTERED AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 641 R.I.G.L. 7-6-13/7-6-78			
Agent Name <i>Charles L. Roberts</i>		Address	
Address <i>98 King St</i>		City, State, Zip <i>Newport RI 02840</i>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Signature of Officer *[Signature]* Date *09-08-04*
Print or Type Name of Officer
Title of Officer

FILED
File Date: *SEP 08 2004*
Check No: *By CU3899*
FOR SECRETARY OF STATE USE ONLY

RECEIVED
STATE OF RHODE ISLAND
SEP 8 3 55 PM '04



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(ALL MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. _____ 2. Name of Corporation Opening Night Newport
3. State of Incorporation R.I. 4. Corporate address in Rhode Island, Street Address 98 King ST City Newport Zip 02840
5. Foreign corporation: Enter principal office address N/A City _____ State _____ Zip _____

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
promote and produce arts celebrations in Newport

7. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>PAVE Dittman</u> Street Address <u>87 Roseworth Ave.</u> City <u>Newport</u> State <u>R.I.</u> Zip <u>02840</u>	Vice President Name <u>Kathryn Farrington</u> Street Address <u>23 America's Cup Ave.</u> City <u>Newport</u> State <u>R.I.</u> Zip <u>02840</u>
Secretary Name <u>JANE McHenry</u> Street Address <u>P.O. Box 90</u> City <u>Bristol</u> State <u>R.I.</u> Zip <u>02809</u>	Treasurer Name <u>Attorney Greg FATER</u> Street Address <u>P.O. Box 777</u> City <u>Newport</u> State <u>R.I.</u> Zip <u>02840</u>

8. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name <u>Executive CHARLES L Roberts</u> Street Address <u>35 Houston Ave</u> City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>	Director Name <u>R.J. Von See</u> Street Address <u>16 Greenough Pl.</u> City <u>Newport</u> State <u>RI</u> Zip <u>02840</u>
Director Name <u>Margaret Baker</u> Street Address <u>35 Houston Ave</u> City <u>Newport</u> State <u>R.I.</u> Zip <u>02840</u>	Director Name <u>Ken Bisachi</u> Street Address <u>PO Box 437</u> City <u>Jamestown</u> State <u>RI</u> Zip <u>02835</u>

9. REGISTERED AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

Agent Name Charles L. Roberts Address _____
Address 98 King ST City Newport RI Zip 02840

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

Signature of Officer [Signature] Date 09-08-04

Print or Type Name of Officer _____

Title of Officer _____ Form 631 Rev. 6-02

FILED
File Date SEP 08 2004
Check No By 043899
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