

State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**Articles of Incorporation**  
DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

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R.I. DEPT. OF STATE  
BUS SVCS DIV

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The undersigned, acting as incorporator(s) of a corporation under RIGL 15-2-24, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:

**Newport Salon Theatre**

2. The period of its duration is: **CHECK ONE BOX ONLY**

☒ Perpetual (on-going)

☐ Date certain for dissolution \_\_\_\_\_

3. The specific purpose or purposes for which the corporation is organized are:

Our mission is to enrich the life of our community. We are dedicated to professional productions of intimate theatre in intimate settings to challenge the imagination, engage the community and celebrate great artistry.

Check the box to indicate an attachment ☐

4. Provisions, if any, not consistent with the law, which the incorporators elect to set forth in these Articles of Incorporation for the regulation of the internal affairs of the corporation are:

Check the box to indicate an attachment ☐

5. Name and address of the initial registered agent/office in Rhode Island is:

Agent Name  
**Steven H Booth**

Street Address (NOT a P.O. Box)  
**121 Ruggles Avenue**

City  
**Newport**

State  
**RHODE ISLAND**

Zip Code  
**02840**

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY *[Signature]* TEG  
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6. The number of the initial Board of Directors of the Corporation is 4 (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:

NAME	ADDRESS
William Finlay	121 Ruggles Ave, Newport, RI 02840
Patricia Culbert	121 Ruggles Ave, Newport, RI 02840
Steven H Booth	95 Coggeshall Ave, Newport, RI 02840
Frances D. Booth	95 Coggeshall Ave, Newport, RI 02840

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
Steven H. Booth	95 Coggeshall Ave, Newport, RI 02840


Check the box to indicate an attachment ☐

8. Date when these Articles of Incorporation will be effective: **CHECK ONE BOX ONLY**

- ☒ Date received (Upon filing)
- ☐ Later effective date (Date must be no more than 30 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Incorporator	Date
Steven H. Booth	10/9/2019

Signature of Incorporator  


Type or Print Name of Incorporator	Date

Signature of Incorporator

Type or Print Name of Incorporator	Date

Signature of Incorporator

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).