



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

FILED

MAY 28 2020

1480

Annual Report for the year: 2020
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000028866		2. Exact name of the Corporation Christmas In Newport	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Nonprofit organization dedicated to the celebration & spirit of the Christmas holiday season in the month of Dec. Events are by local community groups and organizations.	
4. NAICS Code 711510			
6. Principal Office Address PO Box 716 or 704 Hoffman Place		City Newport	State RI
		Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kathy L. MacKnight		Vice-President Name Roy Lauth	
Street Address 4 Hoffman Place		Street Address 52 Evans St.	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Secretary Name Helen Glover		Treasurer Name Scott Bartlett	
Street Address 66 McCorrie Lane		Street Address 4 Mumford Ave	
City Portsmouth	State RI	City Newport	State RI
Zip 02871		Zip 02840	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Brian Bardont		Director Name Richard Sheehan	
Street Address 36 Washington Square		Street Address 111 Carroll Ave	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Director Name Alexandra Kelly		Director Name Elizabeth Brooks	
Street Address 39 Farewell St. Apt 311		Street Address 32 Division St	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Kathy L. MacKnight		Date 5-23-2020	
Signature of Officer/Authorized Representative Kathy MacKnight		SIGN DOCUMENT HERE	

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

Directors Continued:

Peter Davis
123 Forest Ave.
Middletown, RI 02842

Kim Dellello
14 Garfield St
Newport, RI 02840

Monique Panaggio
44 Old Beach Rd.
Newport, RI 02840

Heather dePinho
352 Spring St
Newport, RI 02840

Mary Beth Smith
235 Ferry Landing Circle
Portsmouth, RI 02871

Vance Catehel
46 Division St
Newport, RI 02840

Elliott Greene
1117 Capella South
Newport, RI 02840.