



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

FILED

Annual Report for the year: 2020
Non-Profit Corporation

JUN 11 2020

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

BY 1243 OS

1. Entity ID Number 000108252		2. Exact name of the Corporation Newport Festa Italiana, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To support an annual series of civic events that promote the Italian-American culture and contributions to the community and nation			
4. NAICS Code 813319 - Other Social Advoca					
6. Principal Office Address PO Box 3663		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 Diane McCaffrey (Chair)		Vice-President Name Sandra J. Flowers (Financial Secretary)			
Street Address 1196 Middle Road		Street Address 16 Keeher Avenue			
City Portsmouth	State RI	Zip 02871	City Newport	State RI	Zip 02840
Secretary Name Sandra J. Flowers		Treasurer Name Shirley Ripa			
Street Address 16 Keeher Avenue		Street Address 69 Bay Ridge Drive			
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
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 Carmela Geer		Director Name Teresa Occhiuzzo			
Street Address 10 Wood Road		Street Address 4A Marshall Lane			
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name J. Clement Cicilline		Director Name			
Street Address 100 Rhode Island Avenue		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Sandra J. Flowers				Date 06/06/2020	
Signature of Officer/Authorized Representative <i>Sandra J. Flowers</i>					

MAIL TO:
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