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

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Annual Report for the year: 2019
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	2. Exact name of the Corporation
000565575	**Newport Festivals Foundation, Inc.**
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
DE	**To produce the Newport Folk Festival and Newport Jazz Festival.**
4. NAICS Code	
813920 - Professional Organiza	

6. Principal Office Address	City	State	Zip
PO Box 650	**Essex**	**MA**	**01929**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **George Wein**			Vice-President Name **Bruce Gordon (co-chair)**		
Street Address **150 E 69th St**			Street Address **150 E 69th St**		
City **New York**	State **NY**	Zip **10021**	City **New York**	State **NY**	Zip **10021**
Secretary Name **Ward Mooney (Executive Committee)**			Treasurer Name **Nicholas Pell**		
Street Address **150 E 69th St**			Street Address **150 E 69th St**		
City **New York**	State **NY**	Zip **10021**	City **New York**	State **NY**	Zip **10021**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☑

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.

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

Name of Officer/Authorized Representative	Date
Kira Favro	**6/25/2020**

Signature of Officer/Authorized Representative
SIGN DOCUMENT HERE

FILED
JUL 08 2020
BY QBYF
A.A. 8:59A.M.

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

FORM 631 - Revised: 06/2017

Attachment for 8. All Directors Listed (not incl. Officers)

Director Name	Street Address	City	State	Zip
Tim Albinson	150 E 69th St	New York	NY	10021
Jim Bildner	151 E 69th St	New York	NY	10022
Patricia Blanchet	152 E 69th St	New York	NY	10023
Jeff Bowlby	153 E 69th St	New York	NY	10024
Tom Busard	154 E 69th St	New York	NY	10025
Dick Cashin	155 E 69th St	New York	NY	10026
Jerome Chazen	156 E 69th St	New York	NY	10027
Michael Dorf	157 E 69th St	New York	NY	10028
Leyla Ertegun	158 E 69th St	New York	NY	10029
John Hailer	159 E 69th St	New York	NY	10030
Vikas Kapoor	160 E 69th St	New York	NY	10031
Roger Kass	161 E 69th St	New York	NY	10032
Jim Lanzone	162 E 69th St	New York	NY	10033
Ronald MacKenzie	163 E 69th St	New York	NY	10034
Jonathan Nelson	164 E 69th St	New York	NY	10035
Jay Sweet	165 E 69th St	New York	NY	10036
Bruce Trainer	166 E 69th St	New York	NY	10037
William Vareika	167 E 69th St	New York	NY	10038