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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

Non-Profit Corporation

Annual Report for the year:

_2020 → Filing period: June 1 - June 30 → Filing Fee: \$20.00

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Penalty: Additional \$25,00 fee i	if form is not filed b	y July 30.	ANSO JOL 18 PM 3	3: 34	
1. Entity ID Number	2. Exact name of the Corporation				
120236	1	FIRST	Night No	h 7.	
3. State of Incorporation	5. Brief descrip	tion of the characte	Night Newpo. er of business conducted in Rhode I	4 + N	
RI	1		· · · · · · · · · · · · · · · · · · ·	-11	
4. NAICS Code	1 /	ARTS AND	Education Pre	19RAm	
611519	1			-/	
6. Principal Office Address			To:		
98 KAY ST		Newport	State	Zip	
7. ListALL officers (names and ad	dresses)				02891
Charles R. hests			Check the box to indicate an attachment Vice-President Name		
Strest Address			Str. AA A		
City A/	98/5sy		Street Address		
CHY Newport	State RZ	Zip 02846	City	State	Zip
Secretary Name			Treasurer Name	<u> </u>	
Street Address			Street Address		
Chy	State	Zip			
8. ListALL directors (names and a	dd(seeps) BLO-	l .	City	State	Zip
8. ListALL directors (names and a	odiesses). Ki C0:	porations MUST li	st at least THREE directors.		
Street Address			LUTROTO Name	,	cate un atackment
Street Address 16 Keepen Ave City Newport State RZ Zip 02840 Director Name 0			NAN HERPOUR		
City New /-	State -	√ℓ	Street Address 3/ BAy /	Ridge D.	R
Director Name	KZ	02840	MICCIETOWN	State	Zip 02842
Director Name Pick Pol	holes		Director Name		_1 _ 0 0 / 0
13 Kolling Hill			Street Address		
cay Ponthmouth	State R7	2ip 02874	City	State	Zip
Registered Agent in Rhode Islan	nd. This information	Is represented as	41.11.2		راح ا
Under penalty of perjury, I decia	re and affirm the	of I have examine	d in the Department of State. Changes of this report, including any account correct.	require filing Form (341.
statements, and that all stateme This report must be signed by either the One	nts contained h	erein are true and	correct.	mpanying sche	fules and
Name of Officer/Authorized Repres	event, VICE-President	Secretary, Assistant St	COFFECT. ecretary, Treasurer, duly Authorized Represen	ntagve, Receiver or Tr	ustes
·	_	CK)	FILED	Date). /u	16 2020
Signature of Officer/Authorized Reg	presentative	/-/		1	10 220
Charles K	obents	' l	JUL 16 2020 BY Mr. 5RDRW	_ 	·
MAIL TO:			BY/A JKVKA	-	
Division of Business Services			5.54	!	

48 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov 1