



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

Annual Report for the year:  
 Non-Profit Corporation

2020

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- 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 <b>120236</b>		2. Exact name of the Corporation <b>FIRST NIGHT NEWPORT INC</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Arts and Education Program</b>			
4. NAICS Code <b>611519</b>					
6. Principal Office Address <b>98 Kay ST</b>		City <b>Newport</b>	State <b>RI</b>	Zip <b>02891</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Charles Roberts</b>		Vice-President Name			
Street Address <b>98 Kay ST</b>		Street Address			
City <b>Newport</b>	State <b>RZ</b>	Zip <b>02846</b>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Sandra Flowers</b>		Director Name <b>NAN HERCoux</b>			
Street Address <b>16 Keecher Ave</b>		Street Address <b>31 Bay Ridge Dr</b>			
City <b>Newport</b>	State <b>RZ</b>	Zip <b>02840</b>	City <b>Middletown</b>	State <b>NI</b>	Zip <b>02842</b>
Director Name <b>Dick Poholek</b>		Director Name			
Street Address <b>13 Rolling Hill</b>		Street Address			
City <b>Portsmouth</b>	State <b>RZ</b>	Zip <b>02874</b>	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		<b>FILED</b>		Date <b>July 16 2020</b>	
Signature of Officer/Authorized Representative <b>Charles Roberts</b>		<b>JUL 16 2020</b>			
		<b>BY CA 5RDRW</b>			
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