



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation**

**Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR: 2021**

**1. Corporate ID No.** 000108252

**2. Name of Corporation** Newport Festa Italiana, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813319

**4. Principal Office Address**

No. and Street: P.O. BOX 3663

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 16 KEEHER AVENUE

PO BOX 114

City or Town: NEWPORT State: RI Zip: 02840 Country: UNI

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

SUPPORT AND BENEFIT A ANNUAL FESTIVAL OF ITALIAN CULTURE IN THE CITY OF  
NEWPORT

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	DIANE MCCAFFREY	1196 MIDDLE ROAD PORTSMOUTH, RI 02871 USA
TREASURER	SHIRLEY RIPA	69 BAY RIDGE DRIVE MIDDLETOWN, RI 02842 USA
FINANCIAL SECRETARY	SANDRA J. FLOWERS	16 KEEHER AVENUE, PO BOX 114 NEWPORT, RI 02840 USA
DIRECTOR	CARMELA GEER	10 WOOD ROAD MIDDLETOWN, RI 02842 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

J. CLEMENT CICILLINE 100 RHODE ISLAND AVENUE P.O. BOX 3663 NEWPORT , RI 02840

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

**Signed this 8 Day of July, 2021 at 8:55:59 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By SANDRA FLOWERS, PHD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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