



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 DEC -9 P 2:46

Annual Report for the year:

2021

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 120236		2. Exact name of the Corporation First Night Newport Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Arts, Events and Education Program			
4. NAICS Code 611519					
6. Principal Office Address 98 Kay ST		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 Charles Roberts		Vice-President Name			
Street Address 98 Kay ST		Street Address			
City Newport	State RI	Zip 02840	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. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sandra Flowers		Director Name NAN HERCOUX			
Street Address 16 Keeher Ave		Street Address 51 Bay Ridge DR			
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Director Name Elaine Williams		Director Name			
Street Address 67 Kay ST		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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		FILED		Date 12-09-2021	
Signature of Officer/Authorized Representative Charles Roberts		DEC 09 2021			

MAIL TO:

Division of Business Services

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