State of Rhode Island Department of State - Business Services Division

RECEIVED 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	2 Evant name	of the Comerctics				
120236	·	2. Exact name of the Corporation				
	1110	FIRST Night Newport INC				
3. State of Incorporation		5. Brief description of the character of business conducted in Rhode Island				
RI	ART	ARTS Events And Education Program				
4. NAICS Code		-1	·	71.5		
611519						
6. Principal Office Address			City 11-	State	Zip	
98 KAY ST			Newport		02840	
7. List ALL officers (names an	nd addresses)		CI	neck the box to indic	ate an attachment	
President Name Charles Roberts			Vice-President Name			
Street Address 98 Kay ST			Street Address			
City New port	- State RT	Zip 02840	City	State	Zip	
ecretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names a	and addresses). RI Co	rporations MUST In		<u> </u>		
Director Name SANDARA Flowers			Check the box to indicate an attachment L			
			I IVAN HEREOUX			
	Keeher		Street Address 51 Bay City Middle town	Ridge	DR	
City Newport			cin Middle town	State	2ip 2842	
Director Name Elaine Williams			Director Name			
Street Address 67 Ksy ST			Street Address			
City Newport	StateRI	Zip 02840	City	State	Zip	
	mation of record with		of State is accurate. Changes requ	rire filing Form 64		
	declare and affirm th	at I have examine	d this report, including any acco			
			COTTECT. Becretary, Treasurer, duly Authorized Represe	nistue Paraumon 7		
Name of Officer/Authorized F		, see early, respective of		Date		
	·		THE PRES	ž.	19-2021	
Signature of Officer/Authorize			DEC 04 2	021		
Chan	ules Ruben	45	UEL UM	۸ م		
MAIL TO:			A I C	KUNI		
Division of Business Services			G ()	217		

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