



**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: February 1 - May 1

*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:** 2022

**1. Corporate ID No.** 001338580

**2. Name of Corporation** Newport Art House

**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

**4. Principal Office Address**

No. and Street: C/O NYCOLE MATTHEWS

513 BROADWAY ROOM #203

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

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

TO NURTURE, SHOWCASE, AND PROMOTE THE CONTEMPORARY ARTS OF NEWPORT COUNTY, RI. THE ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

**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.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT/DIRECTOR	NYCOLE MATTHEWS	90 GIRARD AVE. #128 NEWPORT, RI 02840 USA
VICE PRESIDENT/DIRECTOR	DIANNE JEAN FORD	80 PARK HOLM NEWPORT, RI 02840 USA
DIRECTOR	CHRIS GROSS	43 HOLLAND ST. APT. #1 NEWPORT, RI 02840 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**

NYCOLE MATTHEWS 513 BROADWAY, ROOM 203 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 22 Day of July, 2022 at 8:22:40 PM 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 NYCOLE MATTHEWS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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