

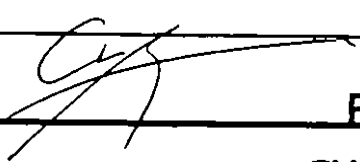


State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 FEB 10 P 3:17

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>120236</u>		2. Exact name of the Corporation <u>FIRT Night Newport INC</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Arts, Events and Education Programs</u>			
4. NAICS Code <u>611519</u>					
6. Principal Office Address <u>98 Kay ST</u>		City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	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 <u>Sandra Flowers</u>		Director Name <u>GIANNA SULLIVAN</u>			
Street Address <u>16 Kecker Ave</u>		Street Address <u>90 Roseneath Ave</u>			
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
Director Name <u>Victoria Johnson</u>		Director Name			
Street Address <u>187 Union St</u>		Street Address			
City <u>Portsmouth</u>	State <u>RI</u>	Zip <u>02971</u>	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 <u>Charles Roberts</u>				Date <u>2-10-2023</u>	
Signature of Officer/Authorized Representative 				FILED	

FILED
FEB 10 2023
BY ml 08ZGR