



State of Rhode Island

## Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 FEB 10 P 3:17

1. Entity ID Number 120236		2. Exact name of the Corporation FIRT Night Newport INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Arts, Events and Education Programs			
4. NAICS Code 611519					
6. Principal Office Address 98 Kay ST		City Newport		State RI	Zip 02840
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Sandra Flowers			Director Name Gianna Sullivan		
Street Address 16 Kecher Ave			Street Address 90 Roseneath Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Victoria Johnson			Director Name		
Street Address 187 Union ST			Street Address		
City Portsmouth	State RI	Zip 02871	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Charles Roberts				Date 2-10-2023	
Signature of Officer/Authorized Representative 				FILED FEB 10 2023 BY ml 08ZGR	

## MAIL TO:

Division of Business Services

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