



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

Annual Report for the year: 2024  
Non-Profit Corporation

2023 SEP 11 P 1:22

- 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 <b>000112649</b>		2. Exact name of the Corporation <b>NEWPORT MUSICAL ARTS ASSOCIATION</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>PROVIDE THE COMMUNITY DIRECT AND AUTHENTIC EXPERIENCES OF ARTS INCLUDING MUSICAL ARTISTS FROM NEWPORT COUNTY</b>			
4. NAICS Code <b>711510</b>					
6. Principal Office Address <b>169 BROADWAY BOX 3541</b>			City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>STEPHEN CERILLI</b>			Vice-President Name <b>ALEXANDRA F CERILLI</b>		
Street Address <b>P.O. BOX 3541</b>			Street Address <b>P.O. BOX 3541</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
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 <b>MATTHEW RUGGERI</b>			Director Name <b>STEPHEN CERILLI</b>		
Street Address <b>528 SEASIDE DRIVE</b>			Street Address <b>P.O. BOX 3541</b>		
City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>ALEXANDRA F CERILLI</b>			Director Name		
Street Address <b>P.O. BOX 3541</b>			Street Address		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <i>Stephen Cerilli</i>					Date <b>09/11/2023</b>
Signature of Officer/Authorized Representative 					

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.n.gov

FILED

SEP 11 2023  
BY ML GM4WT  
FORM 631- Revised 04/2023  
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