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24 FEB 16 PM 3:01:53State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2024
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>First Night Newport INC</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Public ART, Events AND Education Program</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>Pontsmouth</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.					
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 <u>Charles Roberts</u>				Date <u>02-16-2024</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u> M7 FILED 301					

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

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