



**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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000113591

2. Name of Corporation Gallery Night Providence, Inc.

3. State of Incorporation

State: RI

NAICS CODE

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

813990

4. Principal Office Address

No. and Street: PO BOX 603024

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

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

A COLLABORATION OF MUSEUMS AND GALLERIES OFFERING FREE AND EASILY ACCESSIBLE EVENTS TO THE PUBLIC TO PROMOTE THE HEALTH AND GROWTH OF RHODE ISLAND'S RICH ARTISTIC CULTURE.

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	ALMAMY KAMARA	6 CRANSTON, RI 02906 USA
TREASURER	JEFFREY BLACKMAR	P.O.BOX 603024 PROVIDENCE, RI 02906 US
VICE PRESIDENT	MICHAEL RYAN	PO BOX 603024 PROVIDENCE, RI 02906 USA
DIRECTOR	ALMAMY KAMARA	PO BOX 603024 PROVIDENCE, RI 02906 USA
DIRECTOR	MICHELLE LEE	PO BOX 603024 PROVIDENCE, RI 02906 USA
DIRECTOR	KYLE MACHADO	PO BOX 603024 PROVIDENCE, RI 02906 USA
DIRECTOR	DEBORAH CLEMONS	PO BOX 603024 PROVIDENCE, RI 02906 USA
DIRECTOR	HEBE LEE	PO BOX 603024 PROVIDENCE, RI 02906 USA
DIRECTOR	VICTORIA GAO	P.O.BOX 603024 PROVIDENCE, RI 02906 US
DIRECTOR	RAY SIRICO	P.O.BOX 603024 PROVIDENCE, RI 02906 US
DIRECTOR	DARIEN STRASSFIELD	P.O.BOX 603024 PROVIDENCE, RI 02906 US
DIRECTOR	AMIE NOAKES	P.O.BOX 603024 PROVIDENCE, RI 02906 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

LESLIE NEWTON ONE RICHMOND SQUARE, SUITE 150E PROVIDENCE , RI 02906

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 29 Day of April, 2024 at 4:41:21 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 MICHELLE MAYNARD
Signature of Authorized Person

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