



State of Rhode Island  
Department of State - Business Services Division

Annual 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.

(and)

2024 OCT 28 P 3:31

1. Entity ID Number <b>001681557</b>		2. Exact name of the Corporation <b>Art &amp; Newport</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>non profit presenting free art presentations in and around Newport, RI.</b>	
4. NAICS Code <b>711510</b>			
6. Principal Office Address <b>289 Indian Avenue</b>		City <b>Middletown</b>	State <b>RI</b>
		Zip <b>02842</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>Dodie Kazanjian</b>		Vice-President Name <b>Edith McBean</b>	
Street Address <b>289 Indian Ave.</b>		Street Address <b>720 Park Ave</b>	
City <b>Middletown</b>	State <b>RI</b>	City <b>NY</b>	State <b>NY</b>
Zip <b>02842</b>		Zip <b>10021</b>	
Secretary Name		Treasurer Name <b>Roger Kass</b>	
Street Address		Street Address <b>380 Wapping Rd</b>	
City	State	City <b>Portsmouth</b>	State <b>RI</b>
Zip		Zip <b>02871</b>	
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>Dodie Kazanjian</b>		Director Name <b>Edith McBean</b>	
Street Address <b>289 Indian Ave.</b>		Street Address <b>720 Park Avenue</b>	
City <b>Middletown</b>	State <b>RI</b>	City <b>NY</b>	State <b>NY</b>
Zip <b>02842</b>		Zip <b>10021</b>	
Director Name <b>Roger Kass</b>		Director Name	
Street Address <b>380 Wapping Rd</b>		Street Address	
City <b>Portsmouth</b>	State <b>RI</b>	City	State
Zip <b>02871</b>		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>			
<i>This report must be signed by either the President, Vice President, Secretary Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative <b>Elizabeth A. Robb</b>			Date <b>10/23/24</b>
Signature of Officer/Authorized Representative <b>E. Robb</b>			

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222 3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

OCT 28 2024  
BY **MWCA**

FORM 631- Revised: 12/2023