



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 001681557		2. Exact name of the Corporation Art & Newport	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island non profit presenting free art presentations in and around Newport, RI.	
4. NAICS Code 711510			
6. Principal Office Address 289 Indian Avenue		City Middletown	State RI
		Zip 02842	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dodie Kazanjian		Vice-President Name Edith McBean	
Street Address 289 Indian Ave.		Street Address 720 Park Ave	
City Middletown	State RI	City NY	State NY
Zip 02842		Zip 10021	
Secretary Name		Treasurer Name Roger Kass	
Street Address		Street Address 380 Wapping Rd	
City	State	City Portsmouth	State RI
Zip		Zip 02871	
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 Dodie Kazanjian		Director Name Edith McBean	
Street Address 289 Indian Ave.		Street Address 720 Park Avenue	
City Middletown	State RI	City NY	State NY
Zip 02842		Zip 10021	
Director Name Roger Kass		Director Name	
Street Address 380 Wapping Rd		Street Address	
City Portsmouth	State RI	City	State
Zip 02871		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.			
<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 Elizabeth A. Robb			Date 10/23/24
Signature of Officer/Authorized Representative E. Robb			

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

OCT 28 2024
BY **MWCA**

FORM 631- Revised: 12/2023