RI SOS Filing Number: 202566347050 Date: 2/24/2025 4:00:00 PM

						FLED COMPANY		
Annual Report for the year: 2025				FI	FER 24 2025 D			
Corporation				, ,	1.1~	CUCU.	킥 O convis	
Filing period: February 1 - I	May 1			8Y_	42	921	<u> </u>	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.								
Entity ID Number	2. Exact name of the Corporation							
140096 Fine Arts Newport Inc.								
3. Principal Office Address	City		State		Zip			
111 Gulf Road			North D	artmouth	MA		02748	
4. NAICS Code	6. Brief description	on of the character	r of business	conducted in Rhode Isla	and			
711310	Operating th	Operating theater						
5. State of Incorporation								
RI	Į							
7. List ALL officers (names and addresses)  Check the box to indicate an attachment [								
President Name Kathy Staab	Vice-Preside	Vice-President Name						
Street Address 49 Touro Street			Street Address					
<sup>City</sup> Newport	State RI	<sup>Z<sub>ip</sub></sup> 02840	City		State		Zip	
Secretary Name			Treasurer Name					
Street Address			Street Address					
City	State	Z;p	City		State		Žip	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment								
Director Name	Director Nan	Director Name						
Street Address	Street Addre	Street Address						
City	State	Zip	City	City			Zip	
Director Name			Director Name					
Street Address	Street Address							
City	State	Zip	City		State		Zip	
9. Shares Authorized	10. Shares Issu				x to indicate an attachment PAR VALUE			
This information is currently of record in the Department of State.		NUMBER OF SHARES NONE		CLASS/SERIES		<u>'</u>	PAR VALUE	
Changes require an additional filing.					-+			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and								
statements, and that all statements  Name of Authorized Representative		ein are true and	correct.	<del> </del>	Date			
april Mar	11	mdon	,		2	114	125	
Signature of Authorized Representative								

Herndon

MAIL TO:

Division of Business Services

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

Nare

Phone: (401) 222-3040 Website: www.sos.ri.gov