



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 31 2025

Annual Report for the year: 2025**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.

BY 4150

1. Entity ID Number 000110253		2. Exact name of the Corporation Newport Performing Arts Center			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island live performing arts and events venue			
4. NAICS Code 711310					
6. Principal Office Address 11 Touro Street			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John H. Cratin, III			Vice-President Name Jerry McIntyre		
Street Address 14 Gould Street			Street Address 57 Newport Street		
City Newport	State RI	Zip 02840	City Jamestown	State RI	Zip 02835
Secretary Name Alison Vareika			Treasurer Name Ed Henry		
Street Address 212 Bellevue Avenue			Street Address 62 Prosepect Hill Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name W. Hayden Bates			Director Name Phil Bender		
Street Address 32 Carey Street, B1			Street Address 120 Riverview Avenue		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Director Name Christopher Bicho			Director Name Elizabeth Drayton		
Street Address 543 Thames Street			Street Address 1116 Wapping Road		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
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 Melissa Quinn				Date 03/28/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:**Division of Business Services**

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

**Newport Performing Arts
Center Directors (cont.)**

Entity ID: 000110253

Dominique Alfandre
20 Warner Street
Newport, RI 02840

Marc Lewinstein
61 Ledge Road
Newport, RI 02840

Jack Murphy
39 School Street
Newport, RI 02840

Donald T. Sanders
104 E 81st St., Apt 1H
New York, NY 10028

John Shehan
4 Kerins Terrace
Newport, RI 02840