



**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 2025: 2025

1. Corporate ID No. 000027598

2. Name of Corporation NEWPORT CHILDREN'S THEATRE

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
711111

4. Principal Office Address

No. and Street: P.O. BOX 144
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

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

GIVING THOSE INTERESTED THE OPPORTUNITY OF VIEWING AND/OR PARTICIPATING IN THE PRODUCTION OF AMATEUR DRAMATICS.

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	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	CARRIE DEVINE	55 SAMSON LANE MIDDLETOWN , RI 02842 USA
TREASURER	KATIE BARKER	218 AMERICA NEWPORT, RI 02840 USA
DIRECTOR	SELENA MACPHEE	PO BOX 144 NEWPORT , RI 02840 USA
DIRECTOR	MAURA SHEEHAN	PO BOX 144 NEWPORT , RI 02840 USA
DIRECTOR	CANDACE LAROSE	PO BOX 144 NEWPORT , RI 02840 USA
DIRECTOR	MEGAN BUCHANAN	PO BOX 144 NEWPORT, RI 02840 USA
DIRECTOR	KARA EARP	PO BOX 144 NEWPORT, RI 02840 USA
DIRECTOR	TARA OHARE	227 IVES RD EAST GREENWICH, RI 02818 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**

CARRIE DEVINE 55 SAMSON LANE MIDDLETOWN , RI 02842

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

Signed this 2 Day of July, 2025 at 1:25:41 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 TARA OHARE
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved