



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Non-Profit
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), 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.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2025

1. Corporate ID No. 000027598

2. Name of Corporation NEWPORT CHILDREN'S THEATRE

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

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

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

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

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

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).
R.I.G.L.
7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CARRIE DEVINE	55 SAMSON LANE MIDDLETOWN , RI 02842 USA
TREASURER	MARTHA SBANO	310 ISLAND MIDDLETOWN, RI 02842 USA
DIRECTOR	EMILY DELCONTE	45 ROBIN ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	JEN BERTON	PO BOX 144 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

**8. 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

Signed this 7 Day of August, 2025 at 1:38:59 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 K OHARE
Signature of Authorized Person

Form No. 631
Revised 09/07



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 07, 2025 01:38 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

