

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR OF 401.222.3

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* 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.		· · · · · · · · · · · · · · · · · · ·		ome processes of the (1	and, is subject	
1. Corporate 1D No. 161775	2. Name of Corporation The	VEWPORT T	Ree Society			
3. State of Incorporation R. T.	4. Corporate address in B	Rhode Island - Street Address ElleVue-AVE		NEWPORT	D2840	
5. Foreign corporation. Enter prin	cipal office address		City	State	Zip	
6. Brief Description of the character	of the affairs which are ac	tually conducted in Rhode Isla	und			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS					HMENTS	
President Mama / PICK			Vice President Name GorhAM			
Stregt Address, Bellevue Ave			Street Address 104 Mill ST			
"Wew port	State KI	82840	Newport	State T.	02840	
Secretary Nordlynd			Treasurer Name TIMOTHY I BROWN			
Street Address 15 DENVISON ST			Street Address Harrison the			
Kewport	State RI	D 2840	NEWFORT	State R. I.	21 J 840	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Consider the Robert Confidence of the Confidence			Director Name LISA LEWIS			
Street Address THAII AVE			Street Address 55 Bridge ST			
City New gort	State RI	0284D	CENTER RT	State KI	82842	
Director Name PAM	Gilpen	1	Director Name HARRY Eudenbach			
Street Address 14 EVERETT ST			Street Address 41 PAINER ST			
Newport	State $\mathcal{R}\mathcal{I}$	2100 J 840	Hew PORT	State RI	67840	
9. REGISTERED AGENT IN 1 Agent Name	RHODE ISLAND - DO) NOT ALTER - Chang	es require filing of Form 6 Address	41 - R.I.Ğ.L. 7-6-13 / 7	7-6-78	
Address			Сиу	Zip		
This report must l	pe signed by either th	e President, Vice President	lent, Secretary, Assistant Secr	retary, Treasurer, Receiv	ver or Trustee	

	Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and	
File Date FILED	statements contained herein are true and correct.	6/24/08
Check No. JUN 25 2008	Signature of Officer J. Brown	Date
By: By FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer TIEA SUPER	
TON SECRETARY OF STATE USE ONLY	Tule of Officer	F) (A1 P 15/05