State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2008

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.*

1. Corporate ID No.	2. Name of Corporation		
27633	NEWPORT RUGBY FOOTBALL CLUB		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	PO BOX 217	NEWPORT	RI
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

TO PROMOTE THE GAME OF RUGBY

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
PATRICK CRANSON	PATRICK MCGUIRE
Street Address	Street Address
16 PRESCOTT HALL Rd	27 ATLANTIC
City / State / Zip	City / State / Zip
NEWPORT / RI / 02840	NEWPORT / RI / 02840
Secretary Name	**Treasurer Name**
KEVIN BRUNEAU	THOMAS R MCGRATH JR
Street Address	Street Address
7 CHESTNUT HILL ROAD	47 OAK ST
City / State / Zip	City / State / Zip
MIDDLETOWN / RI / 02842	MIDDLETOWN / RI / 02842

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) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
CHARLES VAN DERVEER	JOHN NEWSOME
Street Address	Street Address
942 GREEN END AVE	15 TOPPA BLVD
City / State / Zip	City / State / Zip
MIDDLETOWN / RI / 02842	NEWPORT / RI / 02840
Director Name	Director Name
JASON HOLDER	
Street Address	Street Address
6 SAGAMORE ST	
City / State / Zip	City / State / Zip
NEWPORT / RI / 02840	

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

FILED
File Date NOV 28 2008
Check No. 2815 & 2816
By: By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Officer — *Date* 11/25/08

THOMAS R MCGRATH JR
Print or Type Name of Officer

TREASURER
Title of Officer

[redacted]

Form 631 Rev. 09/17