

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

148 W. River Street
Providence, RI 02904-2615
401.222,3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 Filing Period: June 10 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

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

to a penalty fee of \$2,5.00.									
1. Corporate ID No.	2. Name of Corp	2. Name of Corporation							
27518		The Newport Havurah							
3. State of Incorporation	4 Corporate ada	dress in Rhode Island - Street	Address	City	Zip				
	2 Martin St	reet		Newport	02840-3110				
5. Foreign corporation. Enter principal office address			Спу	State	Zip				
6. Brief Description of the charge	acter of the affairs whic	b are actually conducted in k	Bode Island						
Religious		-							
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	CES BEFORE USIN	G ATTACHMENTS				
President Name			Vice President Name						
Howard Newman			unfilled						
Street Address			Street Address						
55 Farewell Street									
City	State	Zip	City	State	Zip				
Newport	RI	02840							
Secretary Name			Treasurer Name						
Ralph Klingbeil			John Hough						
Street Address			Street Address						
82 Clinton Avenue			56 Adams Drive						
City	State	Zip	City:	State	Zip				
Jamestown	RI	02835	Portsmouth	RI	02871-5402				
			ATTACHMENT) FILL IN SPA		UZUT 1-04UZ				
					AN THREE (3). R.I.G.L. 7-6-2				
Director Name	CIONS OF A DO	MESTIC (MITODE ISEA	Director Name	NOI BE LESS THA	IN THREE (3). R.I.G.L. /-6-2				
Lynne Glickman	**********		Peter Shocket		<u></u>				
Street Address			Street Address						
13 Harborview Road	T.		36 Whittier Road						
City	State	Zψ	City	State	Zip				
Portsmouth	RI	02871	Jamestown	RI	02835				
Director Name			Director Name						
Len Katzman			unfilled						
Street Address			Street Address						
162 Spring Hill Road									
City	State	Ζίρ	City	State	Zip				
Portsmouth	RI	02871			'				
9. REGISTERED AGENT			Changes require filing of Fo	orm 641 - K.I.G.L.	7-6-13 / 7-6-78				
Agent Name	total attack of the		Address						
John Hough									
		·							
Address E.C. A. de con Deliver			City		Zip				
56 Adams Drive			Portsmouth		02871-5402				
4 0 1100 4	nust be signed by a	either the President, Vic	e President, Secretary, Assistan	nt Secretary, Treasu	irer, Receiver or Trustee				
	I B B								

	2	7	5	1	8	
File Date	60		Zc	-6	29	
Check No.	_/	12	4	1/	<i>'</i>	
Ву:		/	22	2/	n	2
FOR SE	CRETAR	Y OI	₹ STA	TE U	SE ONLY	

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.

Sknature of Officer May 31, 2000

John Hough

Print or Type Name of Officer

Treasurer

Title of Officer