



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** 2009

**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.<br><u>28322</u>   |                    | 2. Name of Corporation<br><u>Friends of the Waterfront, Inc</u>                            |                        |
| 3. State of Incorporation<br><u>Rhode Island</u>  |                    | 4. Corporate address in Rhode Island - Street Address<br><u>51 Kay Blvd (P.O. Box 932)</u> |                        |
| 5. Foreign corporation. Enter principal office address<br>City  |                    | State Zip<br><u>Newport 02840</u>  |                        |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br><u>Maintaining a community association concerned with the direction &amp; planning of the Newport waterfront to educate the public as to means of civic improvement and public access.</u> |                    |  |                        |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |                    |  |                        |
| President Name<br><u>James Perrier Cacting</u>  |                    | Vice President Name<br><u>DAVID Wixted</u>   |                        |
| Street Address<br><u>41 Coggeshall Ave</u>  |                    | Street Address<br><u>42 Division St.</u>   |                        |
| City<br><u>Newport</u>  | State<br><u>RI</u> | Zip<br><u>02840</u>  | City<br><u>Newport</u> |
| Secretary Name<br><u>Elizabeth Mathinos</u>   |                    | Treasurer Name<br><u>Linda S. Hammer</u>   |                        |
| Street Address<br><u>111 Washington St.</u>   |                    | Street Address<br><u>51 Kay Blvd.</u>  |                        |
| City<br><u>Newport</u>  | State<br><u>RI</u> | Zip<br><u>02840</u>  | City<br><u>Newport</u> |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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<br><u>Ruth Kiker</u>  |                    | Director Name<br><u>Roy Fitzherbert</u>  |                        |
| Street Address<br><u>34 Howard St.</u>  |                    | Street Address<br><u>5 Marsh St.</u>   |                        |
| City<br><u>Newport</u>  | State<br><u>RI</u> | Zip<br><u>02840</u>  | City<br><u>Newport</u> |
| Director Name<br><u>Victor Farmer</u>   |                    | Director Name<br><u>Sabrina Vietry</u>   |                        |
| Street Address<br><u>19 Catherine St.</u>   |                    | Street Address<br><u>6 Dearborn St.</u>  |                        |
| City<br><u>Newport</u>  | State<br><u>RI</u> | Zip<br><u>02840</u>  | City<br><u>Newport</u> |
| 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

|                                 |
|---------------------------------|
| <b>FILED</b>                    |
| File Date<br><u>JUN 22 2009</u> |
| Check No.                       |
| By: <u>2301</u>                 |
| FOR SECRETARY OF STATE USE 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.

Linda S. Hammer 6/18/09  
Signature of Officer Date  
Linda S. Hammer  
Print or Type Name of Officer  
Treasurer  
Title of Officer