



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>27632</u>   |             | 2. Name of Corporation<br>Newport Restoration Foundation                 |   |                 |              |
| 3. State of Incorporation<br>Rhode Island   |             | 4. Corporate address in Rhode Island - Street Address<br>51 Touro Street |   | City<br>Newport | Zip<br>02840 |
| 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<br>Operate two museums and preserve historic structures |             |  |   |                 |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS              |             |  |   |                 |              |
| President Name<br>Mrs. Marion O. Charles  |             |  | Vice President Name<br>Mr. David Gordon |                 |              |
| Street Address<br>44 Ledge Road   |             |  | Street Address<br>Ridge Road            |                 |              |
| City<br>Newport   | State<br>RI | Zip<br>02840   | City<br>Newport                         | State<br>RI     | Zip<br>02840 |
| Secretary Name<br>none  |             |  | Treasurer Name<br>Mr. Charles Dana      |                 |              |
| Street Address  |             |  | Street Address<br>701 Bellevue Avenue   |                 |              |
| City  | State       | Zip  | City<br>Newport                         | State<br>RI     | Zip<br>02840 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" 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>Pieter Roos  |             |  | Director Name<br>Mrs. Marion O. Charles |                 |              |
| Street Address<br>91 Richard Drive  |             |  | Street Address<br>44 Ledge Road         |                 |              |
| City<br>Portsmouth  | State<br>RI | Zip<br>02871   | City<br>Newport                         | State<br>RI     | Zip<br>02840 |
| Director Name<br>Mr. David Gordon   |             |  | Director Name<br>Mr. Charles Dana       |                 |              |
| Street Address<br>Ridge Road  |             |  | Street Address<br>701 Bellevue Avenue   |                 |              |
| City<br>Newport   | State<br>RI | Zip<br>02840   | City<br>Newport                         | State<br>RI     | Zip<br>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

FILED<sup>M</sup>

DEC 03 2009

By

105249

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.

David Gordon 11/13/09  
Signature of Officer Date

David Gordon  
Print or Type Name of Officer

Vice-President/Director  
Title of Officer

|                                 |  |
|---------------------------------|--|
| File Date                       |  |
| Check No.                       |  |
| By:                             |  |
| FOR SECRETARY OF STATE USE ONLY |  |

**05-0317816**

\* same for 7 and 8

Names and Addresses of the Officers (Continued)

Mr. Thomas Goddard, Member at Large  
12 Leroy Street  
Newport, RI 02840

Mrs. Samuel Hamilton, Member at Large  
218 Strafford Avenue  
Wayne, PA 19087

Dr. E. Roger Mandle, Member at Large  
527 Barneys Joy Road  
South Dartmouth, MA 02748