

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.I. 7.6.94, each comparation failing are refusing to file its annual report within the time preceding to large R.I.G.I. 7.6.91) is sub-

| penalty fee of \$25.00. | -0-94, each corporation | fatting or refusing to fit | ie its annual report within the tin | ne prescribed by law (R.I.G. | L. 7-0-91) is subject to a |
|--|---------------------------------------|----------------------------|-------------------------------------|---|---------------------------------|
| 1. Corporate ID No. | 2. Name of Corporation | | | | |
| 07/000 | Newport Restorat | | | | |
| 3. State of Incorporation | • | Rhode Island - Street Ado | Iress | City | Zip |
| Rhode Island 51 Touro Street | | | | Newport | 02840 |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip |
| 6. Brief Description of the character | of the affairs which are ac | ctually conducted in Rhoa | le Island | • | |
| Operate two museums and | l preserve historic st | ructures | | | |
| 7. NAMES AND ADDRESSE | S OF THE OFFICERS | S: ("X" BOX FOR ATT | ACHMENT) 🔽 FILL IN SPAC | ES BEFORE USING AT | FACHMENTS |
| President Name | | | Vice President Name | | |
| Mrs. Marion O. Charles | | | Mr. David Gordon | | |
| Street Address | | | Street Address Pidge Pood | | |
| 44 Ledge Road City State Zip | | | Ridge Road City State Zip | | |
| Newport | RI | 02840 | • | RI | 02840 |
| Secretary Name | 1171 | 102040 | Newport Treasurer Name | | 102040 |
| none | | | Mr. Charles Dana | | |
| Street Address | | | Street Address | | |
| | | | 701 Bellevue Avenue | | |
| City | State | Zip | City | State | Zip |
| | | | Newport | RI | 02840 |
| 8. NAMES AND ADDRESSE | S OF THE DIRECTO | RS: ("X" BOX FOR AT | | CES BEFORE USING AT | TACHMENTS |
| THE NUMBER OF DIRECT | ORS OF A DOMEST | IC (RHODE ISLANI | D) CORPORATION SHALL I | NOT BE LESS THAN TH | IREE (3). R.I.G.L. 7-6-23 |
| Director Name | | | Director Name | | |
| Pieter Roos | | | Mrs. Man on O. Chanes | | |
| Street Address | | | Street Address | | |
| 91 Richard Drive | | | H4 Leage Road | | |
| City | State | Zip | Newport | State RI | 07840 |
| Portsmouth | RI | 02871 | | N + | 100010 |
| MY. David Gorde | <u>ın</u> | | MY. Chanes Dana | | |
| Street Address Road | | | Street Address 101 BEILENUL AVENUL | | |
| City , | State O T | 24PO 7840 | City | State | Z40014 |
| Newport | RI | 100000 | Newport | KI | 87840 |
| 9. REGISTERED AGENT IN | RHODE ISLAND | | · · | | · |
| This information is currently | of record in the Offic | e of the Secretary of | State. Changes require filing of | f Form 641 - R.I.G.L. 7-6 | -13/7-6-78 |
| This report mus | t be signed by either | the President, Vice I | President, Secretary, Assistan | t Secretary, Treasurer, R | Receiver or Trustee |
| | | | • | • | |
| | FILED | • | | | |
| | DEC 0 3 2009 | | | | |
| Bv | 105249 | | | | |
| · - | | | | | rm that I have examined this |
| | <u> </u> | | | any accompanying schedulened herein are true and corr | es and statements, and that all |
| | | - | statements contain | ned herein are and and con | |
| File Date | | | 71 av | 104 TUX [0"- | 1112/01 |
| Check No. | | -3 AN 10:27 | Signature of Office | r . | Date |
| The state of the s | | | David | 1 Gordon | |
| By: | · · · · · · · · · · · · · · · · · · · | e^{-it} | Print or Type Nam | e of Officer | |
| FOR SECRETARY OF STATE USE ONLY | | | Vice -P | resident/ Di | rector |
| | | ┛. | - Title of Officer | | |

* same for 7 and 8

05-0317816

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