



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000267113

2. Name of Corporation KNOWING NEWPORT INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 19 BAYSIDE AVENUE

City or Town: NEWPORT

State: RI Zip: 02840-1552 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

ENTER YOUR ADDRESS LINE 2 HERE

City or Town: ENTER YOUR CITY HERE

State: EN

Zip: Enter your zip

Country: ENT

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROMOTE THE DELIVERY OF WORLD CLASS MUNICIPAL SERVICES PROVIDED BY
THE CITY OF NEWPORT BY STIMULATING ADDITIONAL CIVIC INTEREST,
INVOLVEMENT AND INVESTMENT.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.
7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL J CULLEN	19 BAYSIDE AVE NEWPORT, RI 02840 USA
DIRECTOR	ELIZABETH E. CULLEN	19 BAYSIDE AVENUE NEWPORT, RI 02840 USA
DIRECTOR	MICHAEL J. CULLEN	19 BAYSIDE AVE NEWPORT, RI 02840 USA
DIRECTOR	FREDERICK W FAERBER III	271 SPRAGUE ST #1 PORTSMOUTH, RI 02871 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MICHAEL J. CULLEN 19 BAYSIDE AVENUE NEWPORT , RI 02840

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

Signed this 19 Day of June, 2011 at 4:40:02 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHAEL J. CULLEN
Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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