



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.  
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000506763</b>		2. Exact name of the Corporation <b>Newport County Retired Teachers' Association, Inc.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>To raise money to provide scholarships to Newport County students.</b>			
5. Principal office address <b>15 Oliver Hazard Perry Rd</b>		City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Peg Bugara</b>		Vice-President Name <b>Kathy Segerson</b>			
Street Address <b>36 Wild Cherry Drive</b>		Street Address <b>168 Carriage Dr</b>			
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
Secretary Name <b>Tia Scigulinsky</b>		Treasurer Name <b>Linda K. Becker</b>			
Street Address <b>368 Sea Meadow Dr</b>		Street Address <b>15 Oliver Hazard Perry Rd</b>			
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Joyce McKale</b>		Director Name <b>Roberta Conti</b>			
Street Address <b>55 Brook St</b>		Street Address <b>147 Roger Williams Ct</b>			
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
Director Name <b>Shirley Ripa</b>		Director Name			
Street Address <b>6 Almy Ct</b>		Street Address			
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**

**JUN 04 2012**

By mmc  
 CR # 203

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 K. Becker 6/1/12  
 Signature of Officer Date

**Linda K. Becker**  
 Print or Type Name of Officer

**Treasurer**  
 Title of Officer