

CKNO# 4828



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. 29798		2. Exact name of the Corporation COLUMBUS CLUB OF NEWPORT RI INC			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island CHARITABLE AND FRATERNAL			
5. Principal office address 7 VALLEY ROAD		City MIDDLETOWN	State RI	Zip 02842	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PAUL G. SAUNDERS			Vice-President Name MICHAEL A O SULLIVAN		
Street Address 37 W NARRAGANSETT AVE			Street Address 58 HALSOY STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name THOMAS J O'MALLEY			Treasurer Name DAVID W. DRESSER		
Street Address 46 WEBSTER ST			Street Address 502 BROADWAY		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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"/>					
Director Name MARSHALL MICHAEL			Director Name STEPHEN J SANA LIPPO		
Street Address 3 5 1/2 EARL AVENUE			Street Address 28 BAY VIEW PARK		
City NEWPORT	State RI	Zip 02840	City MIDDLETOWN	State RI	Zip 02842
Director Name MICHAEL E. HICKS			Director Name		
Street Address 6 GIBSON PARK PLACE			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
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: _____

FILED

FOR SECRETARY OF STATE USE ONLY JUN 07 2012

Form No. 631
 Revised: 05/2012

BY 4828

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.

Thomas J O'Malley 6-6-2012
 Signature of Officer Date

THOMAS J. O'MALLEY
 Print or Type Name of Officer

FINANCIAL SECRETARY
 Title of Officer