



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. 118283		2. Exact name of the Corporation NEWPORT IRISH HERITAGE ASSOCIATION INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island EDUCATIONAL AND CULTURAL ORGANIZATION			
5. Principal office address PO BOX 3114		City NEWPORT	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DONAL LEHANE			Vice-President Name RICHARD W. KELLY		
Street Address 13 EASTNOR ROAD			Street Address 326 RAPTON STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name RICHARD E. O'NEILL			Treasurer Name THOMAS J. O'MALLEY		
Street Address 11 GARFIELD ST			Street Address 46 WEBSTER STREET		
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 KATHLEEN CREANEY			Director Name JONATHAN R. HARLEY		
Street Address P.O. BOX 4415			Street Address 9 WHITE TERRACE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN,	State RI	Zip 02842
Director Name JAMES F. MAHONEY			Director Name ELIZABETH A. MAHONEY		
Street Address 47 MCCORMICK RD			Street Address 47 MCCORMICK RD		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 21 2012

By mmc
CR # 486

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.

[Signature] 6/19/12
 Signature of Officer Date

DONAL LEHANE

Print or Type Name of Officer

PRESIDENT

Title of Officer