



**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>118283</b>		2. Exact name of the Corporation <b>NEWPORT IRISH HERITAGE ASSOCIATION INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>EDUCATIONAL AND CULTURAL ORGANIZATION</b>			
5. Principal office address <b>PO BOX 3114</b>		City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>DONAL LEHANE</b>			Vice-President Name <b>RICHARD W. KELLY</b>		
Street Address <b>13 EAST NOR ROAD</b>			Street Address <b>326 RAPTON STREET</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>RICHARD E. O'NEILL</b>			Treasurer Name <b>THOMAS J. O'MALLEY</b>		
Street Address <b>11 GARFIELD ST</b>			Street Address <b>46 WEBSTER STREET</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</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"/>					
Director Name <b>KATHLEEN CREANEY</b>			Director Name <b>JONATHAN R. HARLEY</b>		
Street Address <b>P.O. BOX 4415</b>			Street Address <b>9 WHITE TERRACE</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN,</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>JAMES F. MAHONEY</b>			Director Name <b>ELIZABETH A. MAHONEY</b>		
Street Address <b>47 MCCORMICK RD</b>			Street Address <b>47 MCCORMICK RD</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
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.

WLO 6/19/12

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**DONAL LEHANE**

Print or Type Name of Officer \_\_\_\_\_

**PRESIDENT**

Title of Officer \_\_\_\_\_