



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 2013

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. 33895		2. Exact name of the Corporation The Clambake Club of Newport			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Private Social Club			
5. Principal office address 353 Tuckerman Ave		City Middletown		State RI	Zip 02842
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Pierre Dupont Irving		Vice-President Name			
Street Address 223 Carroll Ave		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name John M. Peixinho		Treasurer Name Duncan A. Chapman			
Street Address 11 Memorial Blvd		Street Address 205 Ocean Ave			
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 checked="" type="checkbox"/>					
Director Name A. Leslie Ballard		Director Name Guy F. C. Van Pelt			
Street Address 11 Berkeley Avenue		Street Address 315 Bellevue Ave			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Roger H. King Jr.		Director Name Jeffrey L. Gordon			
Street Address 221 Ruggles Ave		Street Address 185 Glen Farm Rd			
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
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
MAY 13 2013
BY 16827

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 of Officer John M. Peixinho Date 4/25/13
Print or Type Name of Officer JOHN M. PEIXINHO
Title of Officer SEC'y.

Entity ID No. 33895

Directors Listing Continued

Director Name: Hope H. Van Beuren
Director Street Address: 15 Indian Ave
Town: Middletown
State: RI
Zip: 02842

Director Name: Frances H. Van Liew
Director Street Address: 306 Indian Ave
Town: Middletown
State: RI
Zip: 02842

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MAY 13 2013

BY 33895