



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. 0031296		2. Exact name of the Corporation ROTARY CLUB OF NEWPORT, RI			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island service organization			
5. Principal office address PO BOX 164		City Newport	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joanne Hoops			Vice-President Name Jennifer Pratt		
Street Address PO Box 164			Street Address PO Box 164		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Michael Miller			Treasurer Name Richard Smith		
Street Address PO Box 164			Street Address PO Box 164		
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 Pamela Humphreys			Director Name Donna Maytum		
Street Address PO Box 164			Street Address PO Box 164		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name William Geasey			Director Name Nick Maione		
Street Address PO Box 164			Street Address PO Box 164		
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.					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2013 MAY 21 9:11:21

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

FILED 1121

File Date _____

MAY 21 2013

Check No _____

BY **0297683**

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.

By: _____

Signature of Officer _____ Date _____

Joanne Hoops

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer

President

Title of Officer