



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 <u>MUST</u> 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.					

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: _____

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.

Signature of Officer

Date

Joanne Hoops

Print or Type Name of Officer

President

Title of Officer