

**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

[| LOGOUT |](#)**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30



Help with this form

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013**1. Corporate ID No.** 000089847**2. Name of Corporation** Museum of Newport Irish History, Inc.**3. State of Incorporation**State: RI**FILED**

JUN 14 2013

4. Corporate Address in Rhode IslandNo. and Street: 162 BLISS RDCity or Town: MIDDLETOWNState: RI Zip: 02842Country: USABy: [Signature]CH # 7483**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode IslandTO OPERATE AND MAINTAIN A MUSEUM OR LIKE ENTITY OF IRISH HISTORY IN THE NEWPORT RI AREA.**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	TREASURER	DEANNA CASEY	55 HAMMOND ST. NEWPORT, RI 02840 USA
<input type="checkbox"/>	SECRETARY	MARIA CARROLL	22 WILLIAM DR MIDDLETOWN, RI 02842 USA
<input type="checkbox"/>	VICE PRESIDENT	MICHAEL SLEIN	15 BALDWIN RD. MIDDLETOWN, RI 02842 USA
<input type="checkbox"/>	DIRECTOR	JOHN BOOTH	91 MEMORIAL BOULEVARD NEWPORT, RI 02840 USA
<input type="checkbox"/>	DIRECTOR	JOSEPH BRADY	10 HALSEY ST. NEWPORT, RI 02840 USA
<input type="checkbox"/>	DIRECTOR	STEPHEN LEPLEY MR.	19 CIRCLE DRIVE MIDDLETOWN, RI 02842 US
<input type="checkbox"/>	PRESIDENT	VINCENT J ARNOLD	162 BLISS RD MIDDLETOWN, RI 02842 US

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:
 Address: City: State: Zip: Country:

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CHRISTOPHER J. BEHAN 294 VALLEY ROAD MIDDLETOWN , RI 02842

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

FILED

Filer's Contact Information

(Enter a contact name, mailing address and email.)

JUN 14 2013

Contact Name: VINCENT ARNOLD

Business Name:

By mnc
#89847

No. and Street: 162 BLISS RD

- Same Address as -

City or Town: MIDDLETOWN

State:

Zip:

Country:

Contact Phone: 4018472890 ext:

Contact Email: VJARNOLD@COX.NET

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 13 Day of June, 2013 at 2:42:29 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By VINCENT J. ARNOLD

Signature of Officer of the Corporation

- ☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this

☒ Accept ☐ Decline

[Click HERE to Submit This Information](#)

Form No. 631
Revised 09/07

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JUN 14 2013

By *mmc*
FD # 89847