



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. 27637		2. Exact name of the Corporation Newport Ski Club			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Social and recreational			
5. Principal office address P. O. Box 4253		City Middletown		State RI	Zip 02842
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Roderick A. J. Cavanagh			Vice-President Name Cheryl Suglia		
Street Address 29 Oakwoods Drive			Street Address 115 Dana Drive		
City Wakefield	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
Secretary Name Claudia Paquette			Treasurer Name William King		
Street Address 84 Tomahawk Circle			Street Address 165 Sauga Avenue		
City Saunderstown	State RI	Zip 02874	City North Kingstown	State RI	Zip 02852
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 Roderick A. J. Cavanagh			Director Name Cheryl Suglia		
Street Address 29 Oakwoods Drive			Street Address 115 Dana Drive		
City Wakefield	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
Director Name Claudia Paquette			Director Name William King		
Street Address 84 Tomahawk Circle			Street Address 165 Sauga Avenue		
City Saunderstown	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
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
 BY _____

FILED
 AUG 21 2013
 8974

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.

Roderick A. J. Cavanagh 8/20/13
 Signature of Officer Date
Roderick A. J. Cavanagh
 Print or Type Name of Officer
President
 Title of Officer