



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 410309		2. Exact name of the Corporation Friendly Sons of Newport Social Club			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Social Club			
5. Principal office address 3-5 Farewell Street		City Newport	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ronald Nalie			Vice-President Name Lewis Scherdt		
Street Address 98 Bedlow Ave			Street Address 59 Rodgers Lane		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Secretary Name Michael J. Kane Jr.			Treasurer Name Thomas Benisch		
Street Address 19 Chapel Terrace			Street Address 14 Underwood Lane		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
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 Ronald Nalie			Director Name Thomas Benisch		
Street Address 98 Bedlow Ave			Street Address 14 Underwood Lane		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Director Name Lewis Scherdt			Director Name		
Street Address 59 Rodgers Lane			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 14 2014

BY

12/19

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.

Thomas Benisch
Signature of Officer or Authorized Representative

5-13-2014
Date

Thomas Benisch
Print or Type Name of Officer or Authorized Representative