RI SOS Filing Number: 201439790180 Date: 05/21/2014 4:00 PM

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

*A. Ralph Mollis, Secretary of State*
*Corporations Division*
*148 W. River Street*
*Providence, RI 02904-2615*
*401.222.3040*

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

**Filing Period:** June 1 - June 30 • **Filing Fee:** $20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.*

| 1. Corporate ID No. | 2. Name of Corporation | | |
|---|---|---|---|
| 32061 | NEWPORT RESIDENTS COUNCIL, INCORPORATED | | |
| 3. State of Incorporation | 4. Corporate address in Rhode Island - Street Address | City | Zip |
| RHODE ISLAND | ONE EISENHOWER ROAD | NEWPORT | 02840 |
| 5. **Foreign corporation.** Enter principal office address | City | State | Zip |
| N/A | N/A | N/A | N/A |

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
IMPROVE THE ECONOMIC AND SOCIAL DEVELOPMENT OF THE RESIDENTS OF THE HOUSING AUTHORITY OF THE CITY OF NEWPORT

**7. NAMES AND ADDRESSES OF THE OFFICERS:** *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| YVETTE HARRIS-EVANS | 240 PARK HOLM | NEWPORT | RI | 02840 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| KATHRYN BRUEN | 175 PARK HOLM | NEWPORT | RI | 02840 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| KATHRYN BRUEN | 175 PARK HOLM | NEWPORT | RI | 02840 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| WALTER K. EVANS SR | 19 D POND AVENUE | NEWPORT | RI | 02840 |

**8. NAMES AND ADDRESSES OF THE DIRECTORS:** *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| CATHERINE WHITMIRE | 143 PARK HOLM | NEWPORT | RI | 02840 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| CHRISTINE PETRARCA | 31 C DEBLOIS STREET | NEWPORT | RI | 02840 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| SUSAN STROUP | 11 B BUCK ROAD | MIDDLETOWN | RI | 02842 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| JOHN DUARTE | 24 D CODDINGTON STREET | NEWPORT | RI | 02840 |

**9. REGISTERED AGENT IN RHODE ISLAND**

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

FILED
MAY 21 2014
9449
BY

[redacted]

[redacted]

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.

Yvette M. Harris-Evans 5/9/14
*Signature of Officer* *Date*

YVETTE M. HARRIS-EVANS
*Print or Type Name of Officer*

PRESIDENT
*Title of Officer*

[redacted]

*File Date* _____

*Check No.* _____

*By:* _____

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Form 631 Rev. 09/17