



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. <b>320161</b>	2. Name of Corporation <b>NEWPORT RESIDENTS COUNCIL, INCORPORATED</b>		
3. State of incorporation <b>RHODE ISLAND</b>	4. Corporate address in Rhode Island - Street Address <b>ONE EISENHOWER ROAD</b>		
5. Foreign corporation. Enter principal office address <b>N/A</b>		City <b>N/A</b>	State <b>N/A</b>
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>IMPROVE THE ECONOMIC AND SOCIAL DEVELOPMENT OF THE RESIDENTS OF THE HOUSING AUTHORITY OF THE CITY OF NEWPORT</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>YNETTE HARRIS-EVANS</b>		Vice President Name <b>KATHRYN BRUEN</b>	
Street Address <b>240 PARK HOLM</b>		Street Address <b>175 PARK HOLM</b>	
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>
Secretary Name <b>KATHRYN BRUEN</b>		Treasurer Name <b>WALTER K. EVANS SR</b>	
Street Address <b>175 PARK HOLM</b>		Street Address <b>19 D POND AVENUE</b>	
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION <u>SHALL NOT BE LESS THAN THREE (3)</u> . R.I.G.L. 7-6-23			
Director Name <b>CATHERINE WHITMIRE</b>		Director Name <b>CHRISTINE PETRARCA</b>	
Street Address <b>143 PARK HOLM</b>		Street Address <b>31 C DEBLOIS STREET</b>	
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>
Director Name <b>SUSAN STROUPE</b>		Director Name <b>JOHN DUARTE</b>	
Street Address <b>11 B BUCK ROAD</b>		Street Address <b>24 D CODDINGTON STREET</b>	
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>NEWPORT</b>
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>
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**

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*

File Date	BY
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	