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.	2. Exact name of the Corporation
27650	La Fondation NEWPORTANTE NEWPORTANT Foundation Corporation
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	The non-profit business of developing awareness of Rhode Island history by marking the occasion of historic events, such as Hope Day: the Constitutional Birthday of RI & USA on May 29, 1790.

5. Principal office address	City	State	Zip
76 Broadway, Studio 504	Newport	RI	02840

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
George Brian Sullivan	76 Broadway, Studio 504	Newport	RI	02840
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
James Keith Sullivan	128 Sharon St.	Providence	RI	02908
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Gigi Tollefson	711 Aquidneck Ave.	Middletown	RI	02842
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Katia McGuirk	448 Old Dublin Pike	Doylestown	PA	18901

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
George Brian Sullivan	76 Broadway, Studio 504	Newport	RI	02840
Director Name	**Street Address**	**City**	**State**	**Zip**
James Keith Sullivan	128 Sharon St.	Providence	RI	02908
Director Name	**Street Address**	**City**	**State**	**Zip**
Gigi Tollefson	711 Aquidneck Ave.	Middletown	RI	02842
Director Name	**Street Address**	**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

FILED
MAY 22 2014
BY

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

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.

George Brian Sullivan 5.18.14
Signature of Officer or Authorized Representative Date

George Brian Sullivan
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
106773-5-958118