



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. 000027256		2. Exact name of the Corporation The First Presbyterian Church of Newport, RI			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal office address 6 Everett Street		City Newport	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard Price			Vice-President Name Peter Browne		
Street Address 9 J. H. Dwyer Drive			Street Address 7 Wamponoag Drive		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
Secretary Name Daryl Kolator			Treasurer Name Dennis Toomey		
Street Address 39 Allston Avenue			Street Address 33 Schaefer Drive		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
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 Norman Hanson			Director Name Lorilee Toomey		
Street Address 1841 Ministerial Road			Street Address 33 Schaefer Drive		
City Wakefield	State RI	Zip 02879	City Portsmouth	State RI	Zip 02871
Director Name Donald Estes			Director Name		
Street Address 66 Bliss Road			Street Address		
City Newport	State RI	Zip 02840	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

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.

FIL -J

JUN 02 2014

Dennis Toomey **5/27/2014**
 Signature of Officer or Authorized Representative Date

BY _____

Dennis Toomey
 Print or Type Name of Officer or Authorized Representative