

## 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.

I. Entity ID No.	2. Exact na	me of the Corporation				
27875	Lions C	Lions Club of Newport, Rhode Island, Inc.				
3. State of Incorporation	4. Brief des	Brief description of the character of business conducted in Rhode Island charitable organization				
Vi .						
i. Principal office address PO Box 695			City <b>Newport</b>	State RI	Zip <b>02840</b>	
LIST <u>ALL</u> OFFICERS	(NAMES AND ADDI	RESSES) ("X" BOX F	OR ATE ACHMENT)			
resident Name			Vice-President Name			
Suresh Ramamam	urthy		Dr. Martin Cohen			
Street Address	·		Street Address			
9 Alumni Ave, Apt. 1			49 Kay St.			
City	State	Zip	City	State	Zip	
Providence	RI	02906	Newport	RI	02840	
ecretary Name			Treasurer Name			
amie Russell			Helen Steeves			
treet Address			Street Address			
46 East Rd.			1302 West Main Rd.			
ity	State	Zip	City	State	Zip	
iverton	RI	02878	Portsmouth	RI	)2871	
LIST <u>ALL</u> DIRECTOR ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT)	RESSES). RHODE IS	LAND CORPORATIONS MUST	LIST NO LESS THAN	I THREE (3) DI	
irector Name			Director Name			
lice Coffey			Gail Siletchnik			
treet Address			Street Address			
7 Harbor Drive, Ap	ot. 2		1037 Green End Ave	•		
ity	State	Zip	City	State	Zip	
iddietown	RIR	02842	Middletown	RI	02842	
rector Name			Director Name			
erald Rubin			Joshua Nemtzow			
reet Address			Street Address			
7 Belmont Drive			33 Toppa Blvd			
ty	State	Zip	City	State	Zip	
ortsmouth	RI	02871	Newport	RI	02840	
REGISTERED AGENT	IN RHODE ISLAND					
		OMI	ary of State. Changes require fili			

File Date		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
Check No.	FILED	and that all statements contained herein are true and correct.
By:	JUN 0 3 2014	Signature of Officer or Authorized Representative Date
Form No. 631 Revised: 04/2014	1073	Helen T. Steeves Print or Type Name of Officer or Authorized Representative