



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. 27472		2. Exact name of the Corporation NEWPORT COUNTY SALTWATER FISHING CLUB, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PROMOTION OF SALTWATER SPORTFISHING IN NEWPORT COUNTY AND RI			
5. Principal office address P.O. BOX 2		City NEWPORT	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DENNIS ZAMBROTTA			Vice-President Name EDWARD BABINSKI		
Street Address 12 FLORENCE AVENUE			Street Address 9 HARVEY ROAD		
City NEWPORT	State RI	Zip 02840	City MIDDLETOWN	State RI	Zip 02842
Secretary Name TIMOTHY LYNCH			Treasurer Name JOHN S. POPE		
Street Address 21 GILROY STREET			Street Address 6 CANONCHET DRIVE		
City NEWPORT	State RI	Zip 02840	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 FRANK BRYER			Director Name DAN OAKLEY		
Street Address 20 EASTNOR ROAD			Street Address 133 COGGESHALL AVENUE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name GEOFFREY GRAEBEL			Director Name		
Street Address 81 BLISS MINE 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 _____ **FILED**
 Check No _____ **JUN 06 2014**
 By: _____ **2283**
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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.

John S. Pope 6/5/14
 Signature of Officer or Authorized Representative Date
JOHN S. POPE
 Print or Type Name of Officer or Authorized Representative