



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. <u>27472</u>		2. Exact name of the Corporation <u>NEWPORT COUNTY SALTWATER FISHING CLUB, INC.</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>PROMOTION OF SALTWATER SPORTFISHING IN NEWPORT COUNTY AND RI</u>	
5. Principal office address <u>P.O. BOX 2</u>		City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>DENNIS ZAMBROTTA</u>		Vice-President Name <u>EDWARD BABINSKI</u>	
Street Address <u>12 FLORENCE AVENUE</u>		Street Address <u>9 HARVEY ROAD</u>	
City <u>NEWPORT</u>	State <u>RI</u>	City <u>MIDDLETOWN</u>	State <u>RI</u> Zip <u>02842</u>
Secretary Name <u>TIMOTHY LYNCH</u>		Treasurer Name <u>JOHN S. POPE</u>	
Street Address <u>21 GILROY STREET</u>		Street Address <u>6 CANONCHET DRIVE</u>	
City <u>NEWPORT</u>	State <u>RI</u>	City <u>PORTSMOUTH</u>	State <u>RI</u> Zip <u>02871</u>
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 <u>FRANK BRYER</u>		Director Name <u>DAN OAKLEY</u>	
Street Address <u>20 EASTNOR ROAD</u>		Street Address <u>133 COGGESHALL AVENUE</u>	
City <u>NEWPORT</u>	State <u>RI</u>	City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
Director Name <u>GEOFFREY GRAEBEL</u>		Director Name	
Street Address <u>81 BLISS MINE ROAD</u>		Street Address	
City <u>NEWPORT</u>	State <u>RI</u>	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: _____

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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.

Signature of Officer or Authorized Representative

Date

JOHN S. POPE

Print or Type Name of Officer or Authorized Representative