



**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. 000117285		2. Exact name of the Corporation Newport County Inns and Bed & Breakfast Ass'n, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To foster, encourage, and assist the promotion and marketing of the inn and bed and breakfast lodging industry in Newport County			
5. Principal office address 33 Farewell Street			City Newport	State RI	Zip 02840
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name William L. Farrell			Vice-President Name Joanne Salvo		
Street Address 86 Spring Street			Street Address 37 Marsh Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Mary Fitzgerald			Treasurer Name William L. Farrell		
Street Address 8 Binney Street			Street Address 86 Spring Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
<b>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"/></b>					
Director Name William L. Farrell			Director Name Joanne Salvo		
Street Address 86 Spring Street			Street Address 37 Marsh Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Mary Fitzgerald			Director Name		
Street Address 8 Binney Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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 BY \_\_\_\_\_

**FILED**

JUL 02 2014

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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.

William L. Farrell 7/1/14  
 Signature of Officer or Authorized Representative Date

WILLIAM L. FARRELL  
 Print or Type Name of Officer or Authorized Representative