



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
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
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 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
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 **BY** 1301

FILED

JUL-02-2014

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

William L. Farrell
Print or Type Name of Officer or Authorized Representative