RI SOS Filing Number: 201443435930 Date: 07/31/2014 9:22 AM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000650582

2. Name of Corporation Newport County Youth Rugby Football Club

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 66 FRIENDSHIP STREET
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROVIDE THE YOUTH AND PARENTS OF NEWPORT COUNTY, RI THE OPPORTUNITY TO LEARN AND PLAY THE GAME OF RUGBY THROUGH SAFE AND PROPER TRAINING IN A CLEAN AND HEALTHY ENVIRONMENT.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTOPHER WILLIAM GRAY	66 FRIENDSHIP STREET NEWPORT, RI 02840 USA
DIRECTOR	ANDREW J BEHAN	8 NORMAN STREET

0-1278-0

		NEWPORT, RI 02840 USA
DIRECTOR	RONALD LEONARD SMITH	677 WINDWOOD DRIVE TIVERTON, RI 02878 USA
DIRECTOR	RALPH BRIAN CRAFT	2327 EAST MAIN RD PORTSMOUTH, RI 02871 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MR. CHRISTOPHER W GRAY 66 FRIENDSHIP STREET NEWPORT , RI 02840

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 31 Day of July, 2014 at 9:26:21 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CHRISTOPHER GRAY
Signature of Authorized Person

Form No. 631
Revised 09/07